THE LANCET.

LECTURES

ON THE

ANATOMY, PHYSIOLOGY, AND DISEASES OF THE EYE.

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Lecture XVI.

On Internal Inflammations of the Eye.

Gentlemen,

This is a part of the subject, as you would naturally anticipate, of the greatest importance. With much less external appearance of disease, with fewer visible marks of inflammation, with much less to excite the attention of the patient or the alarm of those about him, than in the external affections already described, there is much greater danger to vision. Slight alterations in the pupil, in the transparent media behind it, or in the retina, are sufficient to impair or destroy sight. These often take place without any external redness, without any changes visible to superficial observation. The commencement and progress of chronic internal inflammation are often most insidious; the existence of the affection, when confined to one eye, not being discovered till the change of structure is irreparable, and then only observed accidentally. This part of the subject has been much neglected by English writers, almost to the present time. Mr. Ware, the former great authority in these matters, in his treatise on inflammation of the eye, does not even hint at inflammation of the internal parts. You might read him through without learning that the latter are even subject to inflammation; he does not seem to have been aware of the fact—a remarkable illustration of the difference between seeing and observing disease; or rather a proof that the most obvious things will not be seen unless persons know what to look for. The subject has been more accurately and successfully investigated by the Germans than by any others: they deserve the merit of having first observed, described, and discriminated the principal forms of internal ophthalmic inflammation.

Inflammation may be confined to one of the internal structures, or these may be altogether involved. The close connexion between the different internal parts, and their common vascular supply, are sufficient to account for the circumstance of the inflammation spreading from one to another, and indeed make it difficult to understand how it is so often limited to one part. If inflammation commences in the iris, it easily extends to the ciliary body, choroid coat, vitreous humour, and retina; on the other hand, it will spread forward to the anterior part of the eye; so that a case of iritis often involves in its progres the greater part or the whole of the internal tunics, and the external parts also. Inflammation beginning in the retina spreads in like manner to the vitreous tunic, choroid, iris, &c. The phenomena of inflammation have been most accurately noticed as they present themselves in the iris, because it is immediately open to external observation; hence its history, progress, and treatment are best understood. We are not so fully acquainted with the appearances of inflammation in the retina, choroid coat, and vitreous humour; we cannot give so clear and satisfactory an account of choroiditis and retinitis, as these affections have been termed, as we can of iritis. We labour under peculiar disadvantages in the pathology of these parts; their internal position secludes them from observation during life, so that we do not see the actual changes caused by the inflammatory state; and we have no opportunity of investigating those changes after death, because these affections do not destroy life. There are hardly any recorded dissections of such cases in the active state of inflammation.

The few examinations hitherto made have been in instances of long standing blindness; hence they have only shown the ultimate effects, without elucidating the origin, progress, or primary state of the affections.

The observations which I shall have to make upon the internal inflammations of the eye I shall arrange in the following order; and shall speak,

1st, Of *Inflammation* of the cavities which contain the aqueous humour, the *anterior and posterior chambers* of the eye.

2dly, Of *Iritis*, or inflammation commencing in the iris.

3dly, Of *Inflammation* of the *internal tunics generally*.

4thly, Of *Inflammation* of the *posterior tunics of the eye*, as the membrane of the vitreous humour, the choroid coat and retina; frequently occurring in arthritic subjects.

Now the state of the pupil is an important point in all these cases; the preservation of its natural dimensions, the maintenance of its circular figure, and its permeability to light, are the chief objects of our efforts in most of them. We are assisted in this respect by the power, rather an anomalous and mysterious one certainly, which certain narcotic vegetables possess of acting upon the iris, so as to dilate the pupil. Before speaking of internal inflammation I shall advert to the influence of these vegetables on the pupil. The power in question resides in the *atropa belladonna* (deadly nightshade), the *hyoscyamus niger* (henbane), the *lauro-cerasus* (cherry-laurel), and the *datura stramonium* (thornapple). The virtue resides in the recently expressed juice of these leaves, in an inspissated decoction of them, or in the extract. There are other vegetables, somewhat analogous in their properties to these, which might be expected to have a similar power, but they have not: this has been ascertained of the conium maculatum, the aconitum napellus, digitalis purpurea, opium, arnica, rhus radicaus, and saffron; the pulsatilla, the anagallis (pimpernel), and the lettuce, have been supposed to possess the same powers, but this has not been established. The most usual modes of applying these substances are either the rubbing of the moistened extract over the brow, or the dropping a solution of the extracts in distilled water into the eye; and this last is the most powerful mode of accomplishing the object. A scruple of the extract of hyoscyamus, or of the extract of belladonna, should be dissolved in an ounce of distilled water, and then filtered through linen, and of this solution three or four drops should be introduced between the lids. The action of this solution on the pupil is generally pretty certain, and it does not produce much inconvenience to the patient. If you employ the extract, it should be reduced to about the consistence of honey by a little water, and smeared on the upper lid, eyebrow, and neighbouring part of the forehead, allowing it to remain for an hour. When it is an object to produce a speedy and decided effect both modes may be employed at the same time. The application of these vegetables to this purpose is of a recent date, although it was long since observed by Ray, the English botanist, that the leaves of belladonna applied to an ulcer of the tongue had produced a dilatation of the pupil.

Moreover, these substances when swallowed, will enlarge the pupil. I recollect the case of a boy, who had by mistake taken some of the liquified extract of belladonna instead of an electuary; it produced the most alarming effect upon the nervous system, and both his pupils were dilated enormously.

What then is the immediate effect produced by these substances? There is an enlargement of the pupil, or in other words a contraction of the iris, and that contraction is in proportion to the healthy state of the iris. This effect is generally produced in half an hour, or from that to an hour after the application to the eye, and the influence of the narcotic on the pupil continues for several hours, or even for some days. In the case of the boy before mentioned, who swallowed a quantity of the extract, the pupil remained dilated for a fortnight. You will find that the effect produced by it is not alike in all individuals; but it is greater in proportion to the healthy state of the iris, and sometimes so considerable, as to reduce the iris to a narrow, scarcely perceptible ring. Another question arises, namely, whether the enlargement of the pupil is the only influence which is exerted on the eye, or whether it has any further operation? Immediately that the pupil contracts, the eye is in the same state as if nothing had been done to it; but if you produce a great dilatation of the pupil by belladonna, the patient sees indistinctly; too much light is admitted, and for the time the eye is amaurotic, but as soon as the pupil recovers the natural size, the vision is as perfect as before, showing very clearly that the retina is not injured. We find that sight is not impaired when the pupil is kept permanently dilated by the belladonna, which is a convincing proof that it does not seriously affect the function of the retina.

Each of the vegetables I have mentioned has been used, but we find that the belladonna has a more decided effect than the rest, and therefore we are in the habit here of using the belladonna only. The observation which I before made respecting the greater influence of these vegetables on the healthy than on the diseased iris is quite applicable to the belladonna; for although it is found readily to dilate the pupil when the iris is in a sound state, it does not do so when it is actively inflamed. I have already said that its action may be kept up permanently by repeating the application once in twenty-four hours, and, what is a very important fact, its influence on the iris does not appear to diminish by use, which is contrary to what you would expect *a priori*. A patient is in the habit of visiting this Infirmary, who has employed it for three years without any diminution of its efficacy; and if it loses nothing of its power in three years, it is fair to infer that it would not in thirty.

The fact that certain vegetable substances produced an enlargement of the pupil was long ago observed, even so far back as the time of Pliny, who mentions the circumstance, and ascribes that effect to the anagallis. He says "Pupillas dilatat; ideoque solent inungi, quibus fit paracentesis."

From this observation it would appear, that the needle operation for cataract as at present performed is similar to what it was in his day. It was not, however, until the year 1799, when Himly, who is now Professor of Physic at the University of Gottingen, published a tract on the "paralysis of the iris, produced by the application of hyoscyamus to the eye," that the practice was known generally, and he is entitled to the merit of having drawn the attention of the profession to the subject. Whether hyoscyamus is preferable or not is doubtful; its influence on the iris is less powerful and more temporary, than that of the belladonna. It is however, recommended in Himly's tract, and generally used by the Germans, who are afraid of the more powerful belladonna, fancying that it injures the retina. Himly's tract was published in the French at Altona, under the title "De la paralysie de l'iris." You will find a good account of the circumstances connected with this subject, historical as well as practical, in the 11th vol. of the Edinburgh Medical and Surgical Journal, by Mr. Wishart. Himly has the merit of first seeing and clearly explaining the practical utility of this artificial dilatation, in various states of the eye. It is so important in internal inflammations, by preventing contraction of the aperture; in the distinction of cataract from other affections; in discriminating the several species of cataract; in facilitating some of our operations; in contractions of the pupil; and in many cases of leucoma, that this discovery of Professor Himly may be deemed an important epoch in ophthalmic surgery.

Inflammation of the Anterior and Posterior Chambers.

The *first form* of internal inflammation which I have to mention is that of the chambers of the aqueous humour; perhaps I might call it an inflammation of the anterior chamber, as the visible changes are nearly confined to it; however, we are to consider it as an inflammation affecting the whole of that surface from which the aqueous humour is secreted, and terminating generally in hypopion, or a collection of matter which is seen at the bottom of the anterior chamber. Now hypopion may be produced by the bursting of an abscess in the cornea internally; or sometimes from a small abscess forming on the iris, but then the source from which the pus flows is apparent; but in the present case the hypopion is produced from the inflamed membrane of the aqueous humour.

External inflammation may spread to the anterior chamber, as you have already seen, by affecting the cornea, which forms so large a part of its surface. The iris may thus become adherent to the inflamed cornea. Also, in iritis, inflammation originally confined to the iris, spreads ultimately over the cavity which contains it, and here too matter is frequently effused under the appearance of hypopion.

The present consideration, however, is an affection which you will most commonly see in young children, in which inflammation takes place on the surface, from which the aqueous humour is secreted, and does not extend beyond it; does not affect the more internal tunics of the globe. This surface is more analogous to the serous membranes of the body than any other structure of the eye. You have a smooth membranous surface producing a watery secretion, and inasmuch as these several parts are analogous in structure, so there is correspondent analogy between their diseases. There is in both cases equal proneness to adhesive inflammation—to effusion of coagulable lymph.

Symptoms.—There is a general dulness of the cornea, and a cloudy state of the aqueous humour; often there is an ulcer on the external surface of the cornea at

the same time; there is some degree of external redness; not a redness diffused over the whole surface, but rather surrounding the cornea like a zone. There is some change, too, in the colour of the iris; the iris loses its brilliancy and clearness; the beautiful fibrous structure which distinguishes it in the natural state, is lost, and the whole surface of it assumes a reddish brown tinge; the pupillary margin becomes thickened, and there is an effusion of yellow matter into the anterior chamber of the eye, which has been compared to the appearance of the white mark at the root of the nail. There is a sense of pain and tightness and fullness about the eye, and the patient complains of pain and aching in the eye and forehead; but this affection often happens in subjects who are too young to express their feelings. The cloudy state of the cornea, the great haziness of the aqueous humour, the ulcer on the external surface of the cornea, the red zone of vessels round the cornea, the change of colour in the iris, its dulness and loss of brilliancy, and its disposition to assume a reddish hue, especially in light blue or grey eyes; the deposit of a yellowish matter in the anterior chamber, with some degree of pain and tension at the commencement of the affection, will sufficiently point out to you its nature. Now, with respect to the diminished transparency of the cornea, it is a question whether the opacity is seated in the proper corneal laminæ, or in the membrane of the aqueous humour. Mr. Wardrop speaks of it as an affection of the membrane of the aqueous humour. It is a point not decided, and it is enough to know that the opacity, whether seated in the one or the other of these structures, can be removed by treatment. Another question has been, whether the fluid secreted into the anterior chamber is proper pus. I have seen some instances in which the level of the matter changed with the change of position given to the head, so that there can be no doubt that it is occasionally fluid, although in general it is viscid and tough; much more so than pus in other parts of the body. Mr. Wardrop speaks of it under the term of albumen, as if it were similar to the fluid secreted by the other serous membranes of the body; but I doubt whether the yellow matter thus deposited in the anterior chamber is the same with that which produces preternatural adhesions; for, in these cases, the pupil does not become adherent to the capsule.

Treatment.—The treatment of this affection is simple. Leeches and blisters, as local antiphlogistic measures, will be necessary. Begin with applying three or four leeches, and the evacuation of the bowels by an active purgative, after which the inflammation will be most completely removed, and the absorption of the effused matter most speedily produced by the employment of small doses of calomel. A grain of calomel, combined with two or three grains of James's powder, should be given twice, or even three or four times in the twenty-four hours, and this continued for a few days. Occasional purgatives should be given of magnesia and rhubarb, and under this treatment you will find the inflammatory symptoms speedily give way; the cornea becomes clear, the matter is absorbed, and vision is completely restored. With respect to the matter effused into the anterior chamber, it may be a question whether it would be expedient to make an opening in the cornea to let it out.

The observations which I may make on this point, will apply to *hypopion* generally. I have already mentioned, that the deposit of a fluid resembling pus into the anterior chamber, is the result either of an inflammatory action in the membrane naturally secreting the aqueous humour; of the bursting of an abscess formed originally between the laminæ of the cornea; or the escape of matter from a similar abscess occurring on the iris; so that it is a mere symptom of disease going on in other parts, a consequence of inflammation proceeding to suppuration, or the secretion of a yellow matter in one or other of the structures I have just mentioned. Hypopion, then, is not to be regarded as a disease in itself, it is only an occasional consequence of disease. The general doctrine on the subject is, that the cornea should be punctured, and the matter let out, because it has been supposed to have the power of corroding or destroying the parts with which it is in contact. Now the practice of Mr. Ware is very singular on this subject; he treats hypopion with powdered sugar, vinum opii, leeches, blisters, and washes. He says, that if the matter do not increase under this treatment, or if it should diminish, you are to go on in the same way; but if it should increase, then you are to make a large opening in the cornea to let it out. He says, further, that the opening in the cornea may close, and the matter collect again, and if so, the cornea must be opened again, and so on, toties quoties. Now if any man were disposed to give directions to spoil an eye, I think he could not have recommended a more effectual mode of doing it. Richter

and Scarpa speak on the subject like men of common sense; they say, that if you remove the inflammation, you need not alarm yourself about the matter, and that the eye will do very well. Beer, in his earlier writings, recommended the letting out of the matter, but his opinion was changed as he had more experience, and he then considered it a highly objectionable practice, and, he says, that it is an operation never to be thought of, although he does not substitute a very well judged practice for it. For my own part, I lay it down as an invariable rule not to puncture the cornea in hypopion. You must stop inflammation by suitable means, and the matter is most rapidly absorbed. If the matter increases, depend on it that the inflammation continues. Do you think an incision of the cornea a good remedy for inflammation? It is much more calculated to increase, than diminish the local disturbance; and as a means merely of getting rid of the matter, it is unnecessary, because the absorbents are very competent to that duty. I never saw an instance of hypopion in children, where the puncture of the cornea was necessary, or even justifiable. These cases invariably do well under the treatment I have described. I have seen the anterior chamber punctured for hypopion in the adult, but never with any beneficial result that might not have been obtained without it. These reasons are sufficient against the practice; there is still another, namely, that the matter is so thick, it will not in general come out. I suppose that the believers in its noxious properties, would endeavour to squeeze or scrape it out. The only exception I make to the general rule of not puncturing the cornea in hypopion, is, in the case of general suppuration of the globe; but the eye is lost, and you relieve the patient by giving exit to the suppuration.

Evacuation of the Aqueous Humour.

In connexion with this question of opening the cornea to let out the matter of hypopion, I shall mention to you the subject of puncturing it to discharge the aqueous humour, as a remedy in some inflammations, and in certain states of the cornea. We are indebted to Mr. Wardrop for this ingenious proposal, which was suggested to his active mind by a singular phenomenon in the dead eye, which I mentioned in describing the anatomy of the organ, viz. the milkiness of the cornea produced by squeezing the globe, and the return of its transparency when the pressure is removed. It immediately occurred to him, that vascular distension of the internal tunics during life, might cause a similar general cloudiness of the cornea, and that this could be removed by that diminution of the contents, which escape of the aqueous humour would produce. In trying it with this view, he found it a source of so much relief to the patient, that he was led to employ it extensively, in various cases, where there appears to be tension of the globe, and he has found the results so advantageous as to induce him to continue the frequent use of the plan, although it does not appear clearly that it has ever had any marked effect in remedying opacity. Relief of pain, removal of the sense of tension, diminution in the size of the blood vessels, and improved vision are the effects of the operation, when it acts beneficially.

It may be performed, either with a cataract knife or needle; the instrument should be introduced near the margin of the cornea, with its flat surface parallel to the plane of the iris, and carried on till the point enters the anterior chambers, when it may be turned on its axis, particularly if it be a needle, to facilitate the escape of the fluid. It should be immediately withdrawn, as soon as that is accomplished, care being taken to remove it before the iris can fall against it. Mr. Wardrop recommends the operation in gonorrhœal and purulent ophthalmia, whether of the newly-born infant or adult, in cases where the membrane secreting the aqueous humour is inflamed, in staphyloma, and in prolapsus iridis, in inflammation consequent on injuries, in some kinds of opacity, in some cases of ulcer, and in all instances of hypopion. I must observe to you, that he does not recommend it in any instance as the sole or principal, but only as an auxiliary measure of treatment; and that he by no means proposes it, in the severe forms of inflammation in which he has used it, with the view of superseding the active antiphlogistic measures, which are obviously required in such cases.

I recommend you to read the paper he has written on the subject in the fourth volume of the Medico-chirurgical Transactions, which you will find, like every thing he writes, interesting and instructive; it contains too a valuable series of cases. I must, at the same time, candidly inform you, that my opinion of the operation is by no means so favourable as his. I have tried it in some instances, but with so little benefit, that I have not been induced to persist in the practice; and I have been the less inclined to do so in severe inflammations of the organ, be-

cause the ordinary antiphlogistic treatment enables us so completely to control them. I think so highly of Mr. Wardrop's knowledge and judgment, and rely so implicitly on all that he relates, that I doubt my own conclusion when I find it at variance with his experience, and therefore advise you to examine the matter for yourselves. Let me observe, however, that although the puncture, regarded as an operation, may be spoken of lightly, and certainly is accomplished without difficulty, it is not so trivial as to induce us to do it, unless with decided expectation of benefit. It is often difficult to fix the eye for any operation, and the pain and irritability of severe inflammation do not make this easier; often, too, the eyelids are swelled. Instances have occurred, where the instrument has been carried as far as the pupil, in which the lens and iris have been pushed forcibly against it, and cataract has been produced; an event which, indeed, is chargeable to unskilfulness, but its possibility must be taken into account in estimating an operation proposed for so great a number of affections. The puncture has not been injurious in any case where I have practised it.

LECTURES

ON THE

THEORY AND PRACTICE OF PHYSIC,

By DR. CLUTTERBUCK.

Theatre, General Dispensary, Aldersgate-street.

Lecture XXV.

Of the treatment of Dropsy in general.

Gentlemen,

The treatment of dropsy is as various as the causes inducing it, and may be understood, in some degree, from what has been already stated. In the first place, the treatment will differ essentially, according as the disease is known to depend upon *increased exhalation*, or upon *diminished absorption*; and, therefore, we ought always to endeavour to ascertain this point. If, however, we should be unable to do this, then we must be content to act empirically; that is, we must have recourse to such means as former experience has shown to be useful.

The most important object in the treatment of dropsy, is the tracing its connexion with inflammation; so that where you find this to be still subsisting, the removal of it is the first and chief point to be attended to; and, for this purpose, antiphlogistic remedies of various kinds must be resorted to; and, among the rest, *bloodletting* is frequently required. Many practitioners have a great dread of bleeding in dropsy, from believing the disease to be founded essentially in debility, and that bleeding itself is capable of inducing the disease, and is, therefore, not likely to prove a remedy for it. Such an apprehension, however, is for the most part without foundation; for experience has sufficiently proved, that *bloodletting* is not only safe, but often of the greatest service, so as to be absolutely curative, in numerous instances of dropsy, when connected with inflammation. But although there is no doubt of the propriety of bleeding in the circumstances mentioned, provided there is still a tolerable share of general strength remaining, it is never necessary to take blood in large quantities.

We must bear in mind, that the disease generally takes place under circumstances that are unfavourable to large bleeding. The bleedings should be always small in quantity, seldom exceeding four or five ounces at a time; this quantity is commonly well borne by the patient. It at once lessens the general febrile symptoms, and diminishes the topical inflammation. The appearance of the blood drawn, in a majority of instances, justifies the use of the lancet; for it is, in general, buffed, and contracted. But although bleeding to a large extent is neither necessary nor proper, a repetition of it is often called for. We may take away blood to the extent mentioned, every two or three days; so that five or six bleedings may be performed in the space of two or three weeks. The practice has this advantage, that even where the disease is accompanied with much disorganization of parts, the treatment still relieves, although it may not be able to effect a cure. This treatment is equally applicable wherever the disease is situated; whether in the abdomen, in the chest, or in the cranium. I scarcely need observe, that the other parts of the treatment should be in strict accordance with this; for it would be both useless and injurious to employ *stimulants*, for the purpose of exciting the absorbents to greater action in such cases.

The *digitalis* is of advantage in dropsies

of the kind now mentioned, particularly in dropsies of the chest; probably because these so frequently depend upon inflammation. This medicine has a double advantage here, acting both as a *sedative* and as a *diuretic*. The *cream of tartar*, likewise, is well adapted to this state; as are also *nitre* and *purgatives*, especially the saline ones. *Mercury*, as far as it is capable of taking off inflammation of a chronic kind, may sometimes cure dropsy, by removing the cause.

If the dropsy has arisen from long-continued febrile disorder of any kind, little can be done by art, further than the endeavouring to remove the cause of the febrile state, when this is practicable. To *stimulate* in such cases, can only have the effect of bringing back, or aggravating, the primary cause of the disease.

If the disease arise from debility simply, as from hæmorrhage, or inanition, little can be done medicinally. *Tonics* are of little other use, than to give appetite, where this is deficient. Time, and a sufficient supply of food, are in general all that is required for the restoration of the general strength: and when this object is accomplished, the dropsy will spontaneously disappear.

If dropsy arise from pressure upon veins or lymphatics, we should endeavour to obviate this as far as possible. The means of effecting it, will readily suggest themselves when the cause producing the compression is ascertained.

If the disease arise from paralysis of the absorbents, as in cases of anasarca accompanying hemiplegia, stimulants and friction may be applied, but are not likely to effect much, as they have no power to remove the cause.

Having thus looked to the cause, and endeavoured as far as possible to obviate it, your attention may be then properly directed to the removal of the effect, that is, the effused fluids; attempts of this kind, however, cannot always be judiciously made, as the means of accomplishing the purpose are not at all times without danger. Dropsy is not necessarily fatal, but may subsist for many years, with little inconvenience to the patient In cases, therefore, where the life of the patient is of more than ordinary importance, and where it is not immediately endangered by the disease, we are scarcely warranted in putting it to the risk that necessarily attends an operation for the removal of the fluid. Where again the disease has been of long standing, and has been found to be not incompatible with a tolerable share of comfort to the patient, it would hardly be worth while to encounter the risk of an operation, for the advantage would not be in proportion to the danger incurred. I remember the case of a woman who had laboured under *ascites* for fifteen years, with little other inconvenience than what arose from the weight and bulk of the accumulated fluid. At her urgent request, the water was drawn off by tapping; peritoneal inflammation ensued, and she died in a few days. It is an additional reason against such operations, that the relief afforded is seldom more than temporary, a fresh accumulation generally taking place.

With the exceptions I have now stated, it may be proper to endeavour to remove the fluid, when, by pressure or otherwise, it interferes materially with any important function, or is productive of much distress to the patient.

Now, there are two ways of getting rid of the fluid in dropsy. The first is *direct*, that is, discharging the fluid by an operation, as by *tapping*, *puncture*, or *scarification*: the second is *indirect*, through the medium of the absorbents, which are employed as the agents for the purpose. I shall speak of each of these in turn; but first, of the direct removal of the fluid by operation.

The operation of *tapping* is sometimes dangerous, on account of the risk of inflammation supervening; and this is more especially to be dreaded in the larger cavities.

In dropsy of the brain, the letting out the fluid suddenly, is attended with immediate danger to life, and is, in fact, not to be justified. It puts the organ into so new a condition, as can hardly be conceived to be compatible with life; while there is the further danger of inflammation following. In a very few instances, the fluid has been discharged through a small orifice, made by a needle, and the patient has not appeared to suffer in consequence; but no permanent cure, as far as I know, has been effected in this way; and I consider the practice, (if not wholly unjustifiable) as having little to recommend it.

When the water is collected in the channel of the spine, the danger of evacuating it, is not much less. We cannot draw off the fluid from this part without endangering the life of the patient; the spinal marrow being scarcely less essential to life, than the brain itself. In most of these cases, there is at the same time water in the brain; and there being a communication with that in the spinal canal, we cannot draw off the fluid from the latter, without influencing the brain also. As a matter of experience, I may observe, that

it has been done in a few instances, in cases of what is called *spina bifida*, by a very small puncture, with no immediate ill consequence; but then the risk is run, without any great chance of ultimate success, or even of material advantage.

Even in *hydrothorax*, the operation of tapping has little to recommend it, and it is, in fact, very rarely employed. The advantages arising from the operation are not commensurate with the danger of the succeeding inflammation; added to which, is the improbability of doing permanent good, on account of the diseased state of organs that is so generally present in those cases. Undoubtedly, there are instances in which it might be proper, as where the chest is obviously enlarged, and where the distress of the patient is very great. In such cases, it may be necessary for the immediate relief of the patient. What I have now said, applies with equal, or greater force, to dropsy of the *pericardium*.

In *ascites*, the immediate danger of the operation is less, while the advantages resulting are often sufficient to warrant its performance. But even here there is always more or less risk of supervening inflammation, and which can never be absolutely guarded against; while the operation is probably not absolutely curative in one case out of fifty. Hence the necessity of the considerations I before mentioned, as proper to guide your decision. There is another danger here which must not be overlooked, arising from the sudden abstraction of the fluid, which is sometimes followed by fatal syncope. This is obviated by making pressure on the abdomen as the fluid escapes. It has been attempted to prevent a return of the disease after tapping in ascites, by injecting red wine as an astringent. A case of this sort is recorded in the *Philosophical Transactions*, in which claret wine was thrown in for the purpose, and with success; for the patient escaped, and the disease did not recur. This practice was adopted in another instance by the same practitioner, but proved fatal by the succeeding inflammation. In cases of *ovarian* dropsy, *tapping* is less objectionable, as it is not so liable to be followed by inflammation. The chance of cure, however, is even less than in *ascites*.

When the dropsy is situated in the *cellular membrane*, immediately under the skin, the fluid is sometimes evacuated by puncture or scarification. This may in general be done on the trunk of the body, and in the upper extremities, with safety, and occasionally with advantage. But in the lower extremities, especially about the feet and ancles, and also in the scrotum, there is great danger of gangrene following the operation; and the danger of this is much greater in bad habits of body, in persons who have led a life of excess, and in old subjects.

The other mode by which we attempt the removal of the dropsical fluid, is through the medium of the absorbents. This would be the best mode, if we had adequate means of directly exciting these vessels. But unfortunately, our power over them is very limited. We cannot stimulate the *absorbents* without at the same time acting upon the *exhalents*, so as to increase exhalation. *Mercury*, indeed, is supposed to have such a power, and has been often used for the purpose. But it is quite certain that mercury excites the sanguiferous system, in at least an equal degree with the absorbents. As a matter of experience, we find that the administration of general stimulants is far from successful; which is not to be wondered at, considering how large a proportion of cases of dropsy originate in inflammation. If we endeavour to excite the absorbents by local means, such as friction, heat, or other stimulants, the same difficulty occurs. We cannot stimulate the *absorbents*, without at the same time exciting the exhalents; so that little is gained.

But although we cannot advantageously influence the absorbents in a direct way, we can do so indirectly; namely, by increasing some of the watery secretions; by which, a want of fluid is created in the system; and this want, it is the business of the absorbents to supply; accordingly, they often drink up eagerly whatever fluid is presented to them, and so make good the deficiency. Thus we always find, that under the use of *purgatives*, *diuretics*, and *sudorifics*, thirst arises; and if fluid is taken into the stomach, it is quickly absorbed by the lacteals. In like manner, the lymphatic absorbents, and those which open into the different cavities, take up the fluid presented to them.

This mode of treating dropsy, though sometimes successful, is far from being generally so; because, in the first place, it is no easy matter to produce a sufficient discharge of watery fluids by any of the secretions; and in the next, because the absorption of the effused fluids will not always or necessarily follow. Another reason is, that if we succeed in removing the accumulated fluid, we only remove an effect, and not the cause; so that a fresh accumulation generally ensues, and even faster than before. The means, however, which we possess for producing such increased discharges, are either *diuretics*, *purgatives*, *sudorifics*, or *epispastics*. These are of different degrees of utility.

1. *Diuretics.* The kidneys are the most natural outlets for the dropsical fluid, as their function is naturally that of discharging watery fluid from the system. Unfortunately, however, our means of exciting the kidneys are not very powerful, and are at all times uncertain in their effect; and, which is still worse, they are most apt to fail in those very cases which most require their use; namely, in dropsies. This uncertainty holds with regard to the whole tribe of *diuretics*; so that there is little ground for choice among them; and the best thing you can do is to try them in succession, or variously combined; taking your chance for success.

The principal *diuretics* that have been used in the cure of dropsy, are the *squill*, *diluted acids* (particularly the *nitric acid*), *supertartrate of potash*, the *carbonated alkalies*, the *neutral salts*, particularly *nitre*, and *acetate of potash*; which last was supposed to be so efficacious, as to have acquired the name of the *diuretic salt*; but I much doubt its being entitled to that distinction. *Alcohol*, largely diluted, is a powerful *diuretic*, but is seldom proper on account of its stimulant and other effects. *Cantharides* have been recommended by some, as a diuretic; but this property is denied them by others. As far as my own experience goes, I have not seen any satisfactory proof of their acting in this way. The tobacco has been recommended by Dr. Fowler of Stafford, (a very good authority), who used it with very favourable results. But it has not been much employed; perhaps on account of its nauseating effects, and the extreme depression which it occasions.

The *digitalis* merits more particular notice, on account of its very powerful, and often useful, effects. No diuretic will bear a comparison, in point of efficacy, with the digitalis. It often occasions a most copious discharge of urine, to the amount of several quarts in the space of twenty four hours, followed by a rapid absorption of the dropsical fluid. Indeed were the effects of this remedy as certain as they are powerful, it would be an invaluable remedy. But unfortunately, like all the others, it is liable to fail us, and that without our being able to assign the cause of the failure. We should not, however, too hastily abandon a remedy of such great occasional efficacy; for by varying the dose or preparation, or by laying it aside for a time and again resuming it, we shall sometimes succeed, though we might at first have failed with it.

It has been generally believed, that the *infusion* of the plant, either fresh or dried, is more effectual as a *diuretic*, than either the powder or the tincture. If such be the fact, it is one that does not readily admit of an explanation. All I can venture to say upon the subject is, that the infusion, prepared according to the pharmacopœia, is an exceedingly efficacious form, but which requires to be well regulated in regard to its dose. Half an ounce of the infusion may be considered as an ample dose, even for strong subjects; and, for weak ones, this quantity is much too large to be continued with safety. I have often seen a single drachm productive of much distress to the patient; and yet there are many, who can bear a couple of ounces, with little or no effect. But you should never presume this to be the case, without actual trial, however strong the patient may be. The dose, whatever it is, should be repeated three or four times within the twenty-four hours, and not oftener; for the operation of this medicine is slow; and, exhibited in moderate doses, the effects are not perceptible immediately, seldom in less than 24 or even 48 hours. We should, therefore, guard against an accumulated effect, by occasionally intermitting its use, and not pushing it on till the desired effect takes place, or the pulse be greatly reduced; for in this case, the latter doses which have not yet come into operation, may occasion too violent an effect; small doses often succeed, where large ones fail. The effects sometimes take place after the medicine has been laid aside, for perhaps two or three days; and it is worthy of notice, that when once it has begun to act in a favourable way, a small quantity will serve to keep up the effect. In this respect, *digitalis* differs from most other medicines; which commonly become less active by repetition.

In consequence of the great uncertainty in the use of *diuretics* we are obliged to have recourse to *cathartics*, which, though more harassing to the system, have the advantage of greater certainty in their operation. The great extent of the intestinal canal presents a large surface for secretion, and much fluid may be thus evacuated from the system; an effect, in which the accessory organs, the liver and spleen, no doubt concur. The result, often, is a rapid absorption of the effused fluids. Unfortunately, with the exception of the *supertartrate of potass*, the more violent or drastic purgatives are the only ones to be relied upon; and indeed but few of these; such, namely, as used to be called *hydragogues*, from

their producing copious watery stools. *Jalap* and *gamboge* are of this description; but the *buckthorn berry* is far more efficacious, in the dose of an ounce or two of the syrup, as directed in the pharmacopœia. The *elaterium*, however, exceeds all others in point of efficacy, as a purgative, for the cure of dropsy. A single dose of it will often discharge many pints of fluid, and be followed by a rapid absorption of fluid from the parts in which it has been effused. On account of the violent operation of this remedy, we should be very careful respecting the dose. Half a grain will often produce both vomiting and purging; this quantity should, therefore, be seldom administered, except in robust subjects. A quarter of a grain, and even one-eighth, is in many cases sufficient for the purpose. You will often find the elaterium recommended in books, in the quantity of two or three grains, or even more; and that without any caution. Those who have thus spoken of it, must have used it in a very imperfect state; which you ought to be on your guard against. The safest way of employing the elaterium in dropsy, is to give it in the dose of a quarter of a grain, and to repeat it once, or even twice, at intervals of two or three hours. This may be done daily, or every other day for a few times; giving, in the intermediate days, infusion of gentian, or something equivalent to this.

Sudorifics have occasionally been employed in dropsy, and sometimes with advantage. The quantity of fluid, however, evacuated by such means, is not large; but *sudorifics* may do good in other ways; as by taking off an inflammatory disposition, and determining to the surface, where there is always deficient exhalation. The *Dover's powder* is the sudorific best adapted to the purpose.

Epispastics are seldom useful as *evacuants*, though they may be so in other ways. Applied to the lower extremities, they are not without danger, by the inflammation they excite, especially in bad habits.

I may repeat what I before stated, that although dropsy is seldom cured, it is not so much owing to our inability to get rid of the effused fluid, as from the incurable nature of the primary disease, of which the dropsy is but a symptom.

FOREIGN DEPARTMENT.

ARCHIVES GENERALES DE MEDECINE.

Observations on some points of Pathological Anatomy and Pathology. By P. H. BERARD, M. D.

Partial Dilatation of the Heart.

THE title aneurism of the heart has been applied to simple dilatation of the cavities of this organ, whether accompanied by greater thinness than natural or more than usual thickness of its parietes.—Authors, however, have scarcely taken any notice of those aneurismal pouches, situated on the sides of the heart, and communicating with some one of its cavities in the same way as aneurisms of the arteries communicate with the vessels upon which they occur. This disease, which has been styled partial dilatation of the heart, has only been met with by a small number of observers. Corvisart gives but one case of it: the tumour was situated on the upper and lateral part of the left ventricle; it almost equalled the heart in size, and its interior communicated with that of the heart by a smooth, round, and rather narrow opening. Dr. Baillie states, that he once saw the summit of the left ventricle changed into a pouch large enough to hold a small orange. This pouch, whose walls were thin, was lined with an opaque, white membrane; it contained a very small quantity of coagulated blood.

In the two cases which I have seen, the apex of the heart was possessed by a large tumour, which appeared to be separated from the summit of the ventricles by a kind of external narrowing, or circular stricture. The point of the right ventricle was applied against the base of the tumour, but did not open into its cavity. The left ventricle communicated with it by a rounded orifice; the interior of the aneurismal pouch was filled with distinctly organized clots; lastly, the heart adhered to the pericardium.

The first case I observed was the following:—

On opening the body of a female, fifty years of age, by no means emaciated, and whose lower limbs presented no appearance of infiltration, the lungs were found adhering by a laminated cellular tissue to almost every point of the costal

pleura. The pericardium, much distended by the heart, to which it seemed to adhere, was pushed out, opposite to the cleft in the anterior edge of the left lung, by a globular tumour, which changed the regularity of its form. Pursuing the dissection, the pericardium was found every where adhering to the heart and large blood vessels. Very delicate cellular membrane, abundantly traversed by blood vessels, was the medium of connexion. The heart, stripped of its envelope, was found covered here and there, especially in the vicinity of the tumour, with membranous patches of recent formation, and which seemed to be in a state of inflammation. The tumour, which distended the pericardium, was placed on the apex of the heart; it was as large as a middling sized apple, of a globular form, and a reddish colour. A circular depression, which formed a kind of neck, distinguished it exteriorly from the points of the two ventricles.

The cavity of the right ventricle was sufficiently capacious; its point did not extend completely to the depression mentioned above, and did not communicate with the aneurismal sac; its sides were rather thin and flaccid. The cavity of the left ventricle was much more considerable than that of the right side; it communicated freely by a circular aperture with the cavity of the tumour. Towards the septum, the sides of the ventricle were as thick as usual; towards the left edge of the heart, on the contrary, the muscular substance grew gradually thinner, and seemed to be continued over the parietes of the aneurismal sac; the inferior half of this ventricle was smooth and unprovided with columnæ carneæ; the interior of the tumour was lined with consistent greyish and organised coagula, deposited in thin, concentric layers; the most exterior of these were dry, tenacious, and adherent to the internal surface of the sac; the most interior seemed to be continuous at their circumference with the lining membrane of the ventricle; it was by no means easy to ascertain the nature of the walls of the aneurismal sac: externally and to the left, the fleshy substance of the ventricle was evidently continuous with the sac, but on the side of the septum the muscular fibres seemed to stop suddenly, and to be replaced by a mere thin, transparent layer, strengthened internally by the fibrinous deposits which lined it, and externally by the pericardium, whose adhesions were particularly remarkable in this situation. Was this thin layer the serous membrane of the heart somewhat thickened? It was continuous with it, but it would be difficult to say that the nature of the two membranes was the same.

When aneurismal tumours are formed on the arteries of the limbs, they obtain successive coverings from the layers of cellular tissue against which they press as they increase in size; they may therefore acquire an immense magnitude without their sides becoming thin. The sides of such aneurisms, indeed, often grow thicker from the organization of the coagulable lymph whose deposition into the cellular membrane is provoked by the slight degree of inflammation or irritation of which the tumours are so frequently the seat; this is the means by which nature retards the definitive bursting of the aneurismal sac. Those arteries which, by their anatomical disposition, want the accessary envelopes with which the cellular membrane supplies the arteries of the limbs, are apt to burst prematurely when they are affected with aneurism. That portion of the aorta over which the pericardium is reflected, and the cerebral arteries, afford but too many facts in favour of the above proposition. These remarks make it difficult to conceive the formation of any very considerable aneurismal tumour on the surface of the heart, unless it happen at the entire expense of the muscular substance of this organ. Now we have just seen that in the foregoing instance this was not the case. I conceive that the adhesion of the pericardium opposed the principal obstacle to the rupture of the tumour and favoured its growth. I said that the adhesion was more intimate in the seat of the tumour than elsewhere; the cellular tissue encountered there must necessarily have contributed to the organization of the sac. I do not think, however, that the adhesion preceded the aneurism; it was probably contracted during an early stage of the partial dilatation. We know that the pressure of a tumour developed in any of the splanchnic cavities upon two contiguous serous membranes, will occasion their adhesive inflammation. The hardness of the fibrinous coagula must also have tended to prevent the bursting of the aneurism.

Case 2.—In the month of February, 1825, my brother and I made the following observations on the body of a man 55 years of age, who had died with many symptoms of an affection of the heart. The body was very fat, the face purfled and livid, the legs infiltrated. When the chest was opened, we were astonished at the extraordinary form of the pericardium, which was enlarged and rounded in the

situation of the apex of the heart. I immediately suspected a similar alteration to the one I have just described, and my prognostic was soon confirmed. There were, however, some slight differences which I shall particularize. 1st. The heart was here of an enormous size; so that hypertrophy with dilatation of both ventricles was joined to a partial dilatation of the point of the left cavity; whereas, in the former case, there was simple dilatation of the left ventricle only, complicating the aneurism of its summit. 2ndly, The adhesion of the pericardium to the heart in this case, only occured in the vicinity of the tumour; whilst in the first the adhesion was complete, and the whole cavity of the pericardium had disappeared. 3rdly. The coagula in the present instance were white and fairly organized, but they were softer than in the first case, and also mixed with black bloody concretions, the epoch of whose deposition did not appear to have been very distant.

In this second case we see the disease in an early stage; all seems to confirm the conjecture hazarded above, viz. that adhesion of the pericardium is an effect of the partial dilatation. We therefore perceive circumscribed pericarditis arising under the influence of local diseases of the heart, in the same way as limited pleuritic affections under those of tubercular complaints of the lungs.

The anatomical lesion which I have now described possesses characters of its own sufficient to distingnish it from any other disease of the heart. I should have been glad to have pointed out any symptoms indicative of its existence during life; but I had not the good fortune to see the patients who were the subjects of observation till after death. The condition of the body would not appear to afford any diagnostic sign. The subject of the first observation was but middlingly robust, that of the second extremely corpulent. In the first case, the legs were slender, and without infiltration; in the second, they were bulky and loaded with serum. The lividity and swelling of the face, the disorder in the circulation and orthopnea, which in the second case afforded the indications of a disease of the heart, are by no means characteristic of partial dilatation; this state, indeed, was complicated with hypertrophy of the two ventricles. On percussion, a dull sound ought to be returned, since the edge of the lung on a level with the tumour must be pushed outwards. The tumour should also strike the anterior walls of the chest below the left breast; perhaps the stethoscope or the ear applied in this situation, would detect a stronger and more extensive impulsion than natural

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II. *Rupture of the left ventricle of the Heart.*

A mason lad, who had fallen head foremost from a high scaffold, was brought to the Hospital of la Pitié, in a senseless state, with stertorous breathing and an imperceptible pulse; he lived about *two hours and half*. On opening the body, the frontal bone was in the first place found broken into many pieces, and driven in; the cerebral lobes being reduced to a jelly; 2ndly, the pericardium full of partly fluid and partly coagulated blood; it had been shed from an opening produced by a rupture of the left ventricular appendix. The opening was circular, with slightly fringed edges, and of such a size as to admit a very large goose quill; 3dly, the liver extensively and deeply torn at its superior part.

This case, along with many others, proves, 1st, that wounds of the heart are not always followed by instant death. In the present instance, indeed, it is probable that the injury of the heart was not by any means the sole and immediate cause of the patient's death; and, 2dly, that the abscesses of the liver, so frequently met with in individuals who have suffered injuries of the head, are sometimes consequences of the violent commotion this bulky organ endures, when the body receives any severe shake.

What may have been the immediate cause of the rupture of the heart? It ought to be attributed, I conceive, rather to the sudden afflux of blood into the sinus, by the four pulmonary veins, than to any vibration communicated directly to the auricle. A violent and rapid contraction of the chest might have accelerated the flow of blood by the pulmonary veins, and if this effort occurred at the instant when the ventricle contracting tended to push the column of blood, intercepted by the mitral valve, back upon the auricle, the rupture of the latter was almost a necessary consequence.

III. *Of the Inflammation of Arteries.*

Inflamed arteries, it is said, are converted into a substance which cuts like cheese or lard, when the degree of constriction necessary to arrest hæmorrhage is applied upon them. The speedy fall of the ligature then causes dangerous consecutive bleeding, and hence the precept never to search for arteries among inflamed parts, and to apply ligatures, by

means of proper incisions higher up upon the trunk of the bleeding vessel.

To appreciate the value of such advice, we must endeavour to ascertain, 1st, whether the arteries are very liable to inflammation; and, 2dly, if the phenomena which attend their inflammation are compatible with traumatic hæmorrhagy.

1. *Are the arteries apt to be attacked with inflammation?* Arteries may lie exposed in the middle of inflamed or degenerated parts; they may be completely or incompletely divided; they may be tied. Let us note all that happens in these various cases.

All the authors on pathology and general anatomy have commented on the singular prerogative enjoyed by arteries of remaining healthy amid inflamed or degenerated parts. Turn to the following case for an instance of this.

A young man had an attack of gangrenous erysipelas; the fall of the sloughs gave rise to two large ulcers of the lower part of the abdomen. The skin hung in flaps around these sores, which were spreading in almost every direction, so that in three weeks the whole surface of the abdomen was occupied by an ulcer. The external iliac artery of the left side was seen beating at the bottom of the wound, from the place at which it leaves the peritoneum, to where it plunges beneath the crural arch. In this state matters remained for several weeks. The patient died at length. On dissecting the body, the layer of vascular granulations which had been formed over the artery, had to be scraped away to expose the vessel. The artery was perfectly healthy, nowise inflamed or fragile; its colour was not even altered. M. Beclard and I endeavoured to cut it with a ligature, but in vain.

Nothing can be better calculated to prove the slight disposition which the arterial tissue has to inflammation, than a study of the phenomena of phlebitis, or inflammation of the veins. In this case the arteries are often plunged amid inflamed and suppurating parts, and nevertheless they remain perfectly healthy. A ligature may, therefore, be applied with all propriety to an artery denuded or situated among inflamed parts, if it be necessary. Nay, an artery which is partially divided, scarcely inflames; the absence of inflammation, indeed, is the very cause of the repeated hæmorrhages that happen in such a case. The fear of finding the vessel in a state unfavourable for the application of a ligature ought not therefore to induce recurrence to violent as well as unnecessary means to stop the bleeding. The vessel is to be sought for in the vicinity of its wound, and one ligature applied above and another below the bleeding orifice.

2. *Are the phenomena which attend inflammation of the arteries compatible with traumatic hæmorrhage?* Inflamed arteries lose the physical qualities which distinguish them; they cease to be elastic, they are readily torn and cut, and yield to the action of a ligature; but are these the sole characters which distinguish inflammations of the arteries? Is not the prime, the most important of all here omitted? I mean the obliteration of the vessels. In fact, the obliteration of their cavities is one of the most regular of all the phenomena which accompany inflammation of the arteries.

If the arteries, then, are less liable to inflammation than any other system of vessels, they are also more frequently the seat of the adhesive process than any of the others. This is a fact upon which almost all at the present day are agreed. When an aneurismal tumour gets inflamed, when the sac becomes a vast abscess, the safety of the patient is intrusted entirely to the inflammation, which, being propagated from the tumour by continuity to the artery, causes obliteration of the latter.

When an artery is tied, again, the parts immediately constricted die and give way, whilst those in their vicinity undergo all the phenomena of eliminatory and adhesive inflammation; so that whilst the artery is becoming weak, and its cohesion is diminishing, its cavity is getting obliterated; it is plugged up by a clot, mixed with the coagulable lymph exhaled from the interior. The solidity of the barrier to the course of the blood, depends, in a great measure, on the extent through which the artery has undergone the changes I have just indicated. If the extent exceed not a line or two, the impetus of the blood may overcome the barrier, and hæmorrhage ensue; but then the vessel will be healthy a few lines higher up, and there can be no occasion to go seeking for it *six inches* above the wound. If, on the contrary, the inflammatory process has extended much above the ligature, the barrier opposed to the column of blood cannot be surmounted, so that the inflammation is precisely that which prevents hæmorrhage, far from being the cause of its secondary appearance.

In order to have bleeding after the application of a ligature, and to have any grounds for the alarm which has been expressed in regard to its applica-

tion, it would be necessary that the sides of the artery should lose their cohesion through a considerable space without its cavity ceasing to be permeable; in other words, that it should only present a part of the anatomical characters of its inflammation. Nevertheless, hæmorrhagies, it may be said, are seen to happen after the successive application of ligatures. This I do not deny; but there are many modes of accounting for these hæmorrhagies, without recurring to the supposition of inflammation of the arteries I have already mentioned one; to it may be added, 1st, the pathological alterations of the arteries, which, according to Vacca Berlinghiéri, are the most ordinary causes of consecutive hæmorrhage, by incapacitating the artery from duly undergoing the adhesive inflammation. No doubt but that many ligatures may, under such circumstances, be applied successively and fruitlessly to the same vessel; 2nd, the case in which the artery is not adequately compressed, or is tied obliquely; 3rd, that in which the artery of a limb is tied a very short distance below the point from which a considerable collateral branch is detached, &c.

It is so easy to apply what precedes to the case in which an artery is cut across, that I shall say nothing on the subject. It must be evident that the general conclusion which may be drawn from these observations, is widely opposed to the assertion which I have endeavoured to combat.

IV. *Accidental formation of Vessels.*

Several anatomists dispute the theory, recently broached, regarding the organization of false membranes; they cannot admit that vessels make a way for themselves through the plastic matter exhaled from an irritated surface, still less that these vessels have in the first instance an isolated circulation. Vessels, however, do exist in false membranes, and we are then forced to suppose that they are propagated from the neighbouring parts by means of a sort of turgescence of the cellular membrane. Nature shows us at every instant, examples of the spontaneous formation of vessels It is therefore improbable that they exist in the egg before incubation, their gradual development indeed has been followed from day to day, in the vitellary membrane.

When a new or false membrane occurs free from all adhesion between two contiguous serous surfaces, and injected with vessels, are we to conclude that they have proceeded from the serous membranes, or that they have been developed in the false membrane? I have seen a membrane of this kind of considerable size, floating in the chest of a woman affected with hydrothorax. The fluid contained in the pleura was perfectly transparent; here and there the pleura presented hard masses of cerebriform tissue, but in the intervals between these it was pale and smooth. The false membrane, however, was of a deep red colour, a circumstance produced by the presence of an infinity of blood-vessels coursing through it. M. Beclard used frequently to show this false membrane in his lectures, which I had dried upon a glass plate, and which I still retain. It was impossible to demonstrate the slightest connexion between it and the pleura.

SKETCHES OF THE SURGICAL PROFESSION IN IRELAND.

No. X.

STEVENS' HOSPITAL.

The Liffey flows from the west into the capital of Ireland, through a valley of great beauty. I shall detain the reader for a moment on the margin of this pleasant ravine. The declivities forming its sides terminate at the base in a rich sward, about a thousand paces in width, and spread out above into what may be relatively called two table-lands, comprising the Phœnix Park on one side, and a champaign country on the other, extending as far as the range of adjacent mountains, whose rude asperity gradually softens down into this luxuriant plain. Standing upon the verge of this chasm, a prospect of extreme magnificence opens to your view. Immediately beneath, spanned by the majestic arch of Island bridge, the river rolls through a serpentine channel, fringed with a copse of scattered hawthorns and other shrubs. On the opposite bank rises the venerable pile of the Old Man's Hospital, with its avenue of stately elms, the whole seemingly muffled in the mantle of time, and participating in the senility of its superannuated inhabitants. To the right, continuous masses of wood crown the heights along the course of the river, while to the left, the domes, spires, and all that

pinnacled perspective which a great city discloses when viewed from an elevation, pierce the heavens with an endless variety of surface. In the rear of this splendid panorama of nature and art, groups of trees tastefully arranged through the park by Chesterfield, open into innumerable vistas, through which the Viceregal Lodge, the residences of the Secretaries of the Irish government, and other public buildings, may be discovered, half veiled in a profusion of shade. While lost in the mute admiration which a scene of such grandeur is calculated to excite, your attention, perhaps, may be arrested by a murky edifice, whose narrow windows, contiguity to the river, and otherwise industrious aspect, might, at first sight, mark it out as the probable abode of steam engines and spinning-jennies. Should your curiosity, however, induce you to cross the Rialto of Dublin, in order to explore more minutely the nature of this dusky mansion, you will be not a little surprised on a nearer approach, neither to hear a furnace nor a fly-shuttle resound within its walls. On the contrary, an air of unusual solemnity breathes around the place; the tall chimnies puff out their smoke in silent convolutions; the hum of the city, though just at hand, is scarcely heard in the distance; and nought, save the occasional rattle of an Irish jaunting car, or the heavy tramp of troopers on the military road, disturb the stillness of the valley. The suspicions which an economy of glass, and the absence of whitewash, had previously awakened of the presence of a manufactory of cotton or cast-iron, will begin to subside at a closer approximation, and if a drop of doctorial blood circulates in your veins, you will begin to think that the dingy structure is well situated for a temple of Æsculapius. The conjectures thus excited of the intention of the building, will be further strengthened by the protrusion of some haggard head from one of the windows, surmounted by a night cap, on which the alkalies and sunbeams would seem to have lost all influence, and ornamented below with a crop of grisly beard, disclaiming all connection between the once-united handicrafts of shaving and surgery. Apprized of the real character of the institution by this appropriate emblem of nosology, reducing the table of contents to Mason Good's "Study of Medicine," into a hideous personification, you arrive at a gateway on which the following unostentatious inscription on a marble tablet informs you of the names of the founders of the magnificent establishment which you behold:—

"Ricardus Stevens, M.D. dotavit.
Griselda soror ejus ædificavit."

Breathing a heart-felt benediction on the memory of the rivals in benevolence, you cast your eye along the steep roof, out of which a small cupola ascends, containing a clock, and finished at top by a vane, which, from its site, one might be led to suppose was intended to ridicule the mutability of medicine. Passing the arched entrance, you find yourself in the court of a quadrangular building, upwards of a hundred feet square, the enclosed area being divided by walks into four grass plats, and having a small pyramid in the centre, the pivot on which the whole concern would seem to turn. It is impossible to look around, and not to be struck with the superiority of our ancestors' ideas of hospital architecture over the boasted notions of modern times on the same subject. To the naked, four-storied, dandy-looking edifices of the present day, out of which a convalescent can scarcely venture his head, without being frost-bitten by the cold, or deluged with rain, the snug sheltered piazza carried round the interior fronts of this building, presents a most comfortable contrast. Imagination instantly peoples such a colonade with sunny invalids, wooden legs, bandaged arms, and all the other *insignia* of mutilated humanity. Being sure, however, by this time, that the building is a hollow-square, two stories in height, with an attic in the long roof, a piazza constructed by a series of arches, supported on insulated pilasters, having a corridor between them, and the curtain wall of about twelve feet; that, in fact, the whole concern has a good old-fashioned look of comfort and solidity: convinced of all this, should one of Mr. Cusack's twenty-eight apprentices be your cicerone, he will next conduct you to the library, containing an useful collection of works accessible to the students, then to the Museum, a filthy niche, covered over with pipe clay, and variegated with red injection; he will afterwards introduce you into the wards, expatiate on their extent, cleanliness, and convenience, all which is certainly true; insist on the advantages of having distinct surgical, medical, venereal, cancer, and ophthalmic wards; hitch in a compliment or two to his master, and having thus shown you the "Lions" of the establishment, conclude by asking you to a dinner of execrable beef steaks, with a wash-down of whisky-punch, and with this mess of carbonized cowskins putrifying in your stomach, treat you to a "set-to" with the "gloves" *a la* Dan Donnelly—an

amusement in which the young gentlemen residing in the hospital were no mean proficients in my time. After an evening spent in this edifying manner between the gloves and the glasses, you cannot fail to perceive that the surgeons of the institution have taken advantage of the superabundance of house room, and converted a part of it into dormitories for their pupils, each of whom, according to seniority, is entitled to a residence in the hospital for a certain time, generally two years. During this period, the resident pupils possess as many opportunities of acquiring a knowledge of their profession, as any similar institution in the united empire presents. Hence the value of a surgeoncy to this hospital; for though there is no emolument of any importance attached directly to the situation, the patronage which it creates, and the number of pupils which it secures, are sources of certain wealth to the possessor. The considerable revenues derived in this indirect manner by patients and apprentices, are not sufficient to satisfy the insatiable avarice of the surgeons to this hospital, who exact an exorbitant annual fee for admission from the visiting pupils.

Amongst all the anomalies, indeed, which have disgraced the profession in Ireland, there is not one can be put in competition with this practice. It is a restriction on the attainment of knowledge, an unnecessary tax upon the student, and a vile impost on poverty and disease—deprived, too, of all justification by being alienated from those objects, on whom, if collected at all, it should be scrupulously expended. Is Mr. Colles not ashamed to oil his carriage wheels with this purulent income? Does Mr. Crampton feel no apprehension of suffocation from imbibing the claret of the Meath? Does Mr. Piele experience no twitches of chastising gout in his tight legs, swathed in Richmond gaiters? Or Mr. Palmer no humiliation in paying his landlady in French-street with the small change of Mercer's? Fie! fie! Gentlemen, your "offence is rank, and smells to heaven." By what authority these fines on scientific pursuits are imposed, is not very evident. Does the will of Dr. Stevens, or the Act of Parliament which empowers the Governors to manage his bequest, go so far as to entitle these gentlemen to invest the surgeons with an unlimited power to levy such exactions? I believe neither to be the case, and must conclude, that the conduct of the surgeons in this instance is not only disgraceful, but also illegal; they might just as well stop a pupil on the road, and take so much money out of his pocket, or out of the funds of the institution. There is not a man who pollutes his fingers with this peculation, who does not well know that the practice is unjustifiable. It is not, indeed, one of the least urgent arguments for the destruction of the London heptarchy of corruptionists, that they have encouraged, by their odious enactments, this simony of the property of the poor. Were the certificates of our minor hospitals admitted, as they should be, at the Court on the other side the channel, the serpent's head would soon be crushed here. The influence of bad government is seldom local in its operation. Like the fictitious Upas of Java, it diffuses its poison to an incredible distance from the source, and it cannot be denied that the spirit of monopoly in London has been the parent of hospital exaction in Dublin. The foundation, however, of this system, seems at length to be sapped, and the train laid, which must eventually produce its explosion. It is impossible, indeed, that any medical or surgical college, as at present constituted in these countries, can long withstand the tornado of popular odium gathering in the scientific horizon, with a LAWRENCE and a FREE PRESS to guide its omnipotence.

Already the flag of reform flies from the walls of the Irish College,—nay, I would say, the very "cap of liberty," but that Sir Peter Courtnay might not sleep soundly under so awful a sign. Great things are doing, but I must draw breath before the recital is commenced. In the mean time men are beginning to think for themselves, and to act with becoming independence. Disenthralled from the leading-strings of authority, the junior members of the profession are no longer depressed by the nightmare of official names. A better spirit seems to animate their intentions, and more prudent principles to direct their energies. They appear to have learned of late what they should long since have known, that, equality of rights, suffrages, and advantages, is preferable to a state of things in which the few are elevated, by artificial distinctions, over the majority. In them the power resides—they have only to will the deed, and it is done. For what, after all, does a young man, by his subserviency, gain from a senior optimist? Courtesy, compliments, and a dinner. "Many are called, but few are chosen," might be assumed as the motto of these veteran professors of, "whatever is, is best," and should warn the youthful expectant of the literal profanity with which they adhere to the text. Submission to authority may be carried to a guilty excess, and respect for experience made to stifle the dictates

of conscious rectitude. It is a truth, of which there have been but too many melancholy proofs, that grey hairs are not always accompanied by generosity of feeling, nor years enriched by commensurate acquisitions of wisdom. At least in these degenerate times, old age as often produces an "Overreach" as a Solomon. He that has nothing to boast of in the council, but the days he has numbered; who has no other arguments to second his advice, but the trammels of custom, and the dogmas of his will, should betake himself to some more fitting scene of action, where he may indulge his desires without injuring society. To hear an old Sir Orarle, a "*laudator temporis acti*," hold forth on the horrors of change, you might suppose that reason only ripened as the body declined, or that the extinction of the senses was necessary to the perfection of the mind. Of all the cants of this canting age, the cant of danger from innovation is the most indefensible and hostile to the progress of improvement. It is the pitiful scream which the sloths who batten on corruption raise, on all occasions, to scare away the intrusions of the enemies to both. Amongst the venerable personages who support error on the strength of such arguments, some juvenile delinquents may also be found. If you analyse a scheme or a job, you are sure to dicover one of them, like a *caput mortuum*, at the bottom. Speaking of jobbing and heads reminds me of Mr. Porter. Poor gentleman! he would transplant the filthy politics of the Guild of Merchants into the College—sow the seeds of an oligarchy in a republic of letters—convert the purliens of York-street into a conservatory of *Dutch* flower roots—and mount the cameleopard of Mr. Pearson with a statue of king William. The poor gentleman! when passing this way again, I may be tempted to "drop in" on the labours of the political horticulturist; at present I must emerge from a digression induced by the nature of passing events.

Though this hospital is capable of containing three hundred beds, the income is unequal to the support of more than about half that number of patients. This is the more to be regretted, as, notwithstanding the numerous charitable establishments in Dublin, one-half the sick poor remain unaccommodated. The government of the Institution is not so happily constituted as could be wished, and leads to consequences which could never have been contemplated by the founder. It is vested in the hands of men whose connexion with the church, the bench, and with the higher circles of society, leaves them little leisure for the performance of eleemosynary duties. The necessities of the poor seldom transcend the lofty barrier that divides them from the aristocracy, nor are the hands of the affluent always the most scrupulous in doling out the scanty, but sacred treasures of charity. Whatever economy the rich may be blest with, they generally appropriate for domestic use—in the distribution of public money they forget the arithmetic of frugality, and act the spendthrift without expense. A lord chancellor (with reverence be it spoken) may not be the most profound judge of the washing of blankets, nor the palate of an archbishop, accustomed to the complex savour of turtle and malakatanni, be capable of deciding on the merits of the simpler juices of beeves' heads. Out of the 23 nominal governors, only five or six take any interest in the management of the institution. Neglect of servants, extravagant salaries, and a superfluity of house officers, are but too often the necessary result of the indifference of hospital guardians. The professional attendance, though conducted in conformity with the design of the testator, is not more happily arranged. It has not kept pace with the recent wants and circumstances of the establishment. The increased number of pupils and patients would seem to demand a less niggardly supply of medical attention. There are seven officers of this class—two visiting, two assistant, and one resident surgeon, with a visiting and an assisting physician. The surgical business is principally conducted by the assistant and resident surgeon. Besides the hospital department, a dispensary is attached, where externe patients receive medicine and advice on stated days in the week. About a hundred pupils generally attend; apprentices only are permitted to dress or to perform minor operations. The clinical system of instruction as practised in foreign hospitals has never been attempted here—an error which the facility of accomplishment makes still more apparent.

Such, however, is Stevens' Hospital in situation, architecture, and internal policy; some notice is due to the memory of its benevolent founder. Of the private history of this individual little, I believe, remains, nor is there any written account. From the histories of Dublin, of which there are many, all we can collect is, that he was a practitioner in medicine in the city, having an estated property to the amount of six hundred pounds a year, which, at his death, he bequeathed to his sister during her life, and afterwards to be laid out on the erection of a hospital. Preferring the relief of the poor to "a

youth of folly, an old age of cards," this amiable lady immediately commenced the accomplishment of her brother's wishes in 1726, on a scale of magnificence worthy of ampler means, reserving for herself but one hundred and fifty pounds a year, with apartments in the new establishment. In trusting to national generosity for the completion of her extensive designs she was not entirely disappointed. Amongst the many who contributed from time to time, during the infancy of the institution, was Mrs. Johnson, better known by the poetical appellation of Stella, and her unfortunate attachment to Swift. At her death she willed a thousand pounds for the endowment of a chaplaincy, and thus, along with some other additions since made to the same fund, the spiritual comfort of the establishment has been secured. Of late, Government has advanced considerable sums, and still pays the annual sum of five hundred pounds to the establishment—not the least useful item surely in the Irish Estimates. The whole revenue of the house, including this grant, amounts to about three thousand a year. As a lasting monument of private benevolence, this hospital is an honour to the founder and to the country that gave him birth.

Of the manner in which operations are conducted here I shall give a short specimen. Matters of this description have latterly attracted much notice, and it is now quite the rage to attend such exhibitions at Stevens'. Mr. Cusack is the acknowledged "Magnus Apollo" of this department, over which, it must be confessed, he sheds a sort of murky illumination. To do him justice, however, he spares neither pains nor expense in providing materials for these bloody saturnalia of our art. The method of securing a constant supply of such cases for weekly consumption constitutes a science in itself. To Mr. Cusack we are indebted, and I take this opportunity of complimenting him on his tact, for reducing this practice to a regular system. Before his time it was usual for the surgeons to wait until God sent patients, or the exigency of disease compelled them to seek relief, but this gentleman, anticipating the natural course of events, meets the reluctant victim on the road and hastens him on to the knife. He seems to possess an instinctive faculty of discovering latent disease, and an ambition of acting journeyman to Nature in remedying her defects and deformities. There is no garret too high, or cellar too low, to conceal a tumour or a calculus from his lynx-eyed research. The country and the city are as closely drawn as a fox-cover, and if game be started, its passage to the metropolis is liberally paid on a stage-coach. As yet, however, I have not heard that he has paid a pension, like some of his contemporaries, to his patients as a recompense for surgical mutilation. But let us suppose, for the sake of brevity, that a case is secured. The first step towards the operation, when a crowd is expected, is to issue tickets in order to insure a select assembly, a device of which Mr. Cusack is the inventor. Before I proceed farther I must describe the *locale* of this motley spectacle. The architect of the hospital, it appears, did not consider that an exhibition-room was necessary to his plan, as he provided no theatre for that purpose; one, however, has been lately added; it is of a pentagonal shape, capable of containing about a hundred and fifty persons, and looks like an exostosis on the western exterior front of the building. From the first floor corridor of the hospital two passages lead to this place, one for the spectators, the other for the operators, which bears a strong resemblance to the *proscenium* of a puppet-show, a drapery of faded green being suspended from an arch, and intended, I presume, for a screech-damper, by the ingenious contriver. A small stove, a water-tank, and a chair, seemingly coeval with the institution, constitute the rest of the furniture of this apartment. From daily opportunities of enriching my portfolio with sketches of the *memorabilia* of Stevens', I shall select a recent operation as the subject of my pencil. It was on Saint Patrick's day. Tickets to a large amount were distributed to a grateful multitude, one of which bits of paste-board I had the honour of receiving at the hands of Mr. Cusack himself, little suspecting that he was opening the gates of Troy to the Grecian horse. The Sinon of the drama, as some might call me, I took my seat amongst the crowd, and after waiting some time, a nurse of vast circumference, and combining in her appearance all the attributes which should distinguish a priestess of Hygeia, flowed down the steps to make the necessary arrangements. To this plethoric personification of the hospital dietary succeeded the serio-comic contrast of Mr. Cusack's face, evidently in a state of civil war with his feelings. A burst of applause from the benches composed this struggle of the passions, and a leer of assumed satisfaction mantled over his countenance. You could still, however, perceive the anxiety of anticipated difficulty exciting the muscles of expression into a revolt against the tyranny of

affected indifference. The miscellaneous assortment of his features, each being an antithesis to its neighbour, favoured the full development of this contention between voluntary and involuntary motion. He was presently relieved from this physiognomical dilemma by the entry of Mr. Colles, with a sort of nautical waddle, his hands thrust up to his elbows in his breeches pockets, a bunch of shamrock dangling in his hat, and a gibe full fledged playing round his lips, ready to take wing with the first opportunity. Mr. Piele and Mr. Wilmot completed the joint-stock company for the operation, which was immediately commenced by the party on a female, having a tumour situated in front of the ear. Though the knife was held by Mr. Cusack, like Joe-Burns, the by-standers seemed to have divided the labours of the operation, a practice which, though often intended well, is both unfavourable to the reputation of an operator, and excessively disagreable to the spectators. There was nothing further worthy of remark in the case.

Mr. Cusack's operating has been the theme of much discussion in the professional *coteries* in Dublin of late, and he is certainly entitled to much praise for many bold and successful undertakings in that branch of surgery. Without a mechanical turn of mind, his motions appear stiff and confined, and though you can readily discover the tact of a practised hand in whatever he attempts, it seems to be more the effect of a mere knowledge of anatomy than of natural taste. His operations want that happy amalgamation of qualities in which science scarcely restrains the movements of the instrument, and the hesitation of caution is artfully concealed by a vigilant presence of mind. Just as he had concluded the present operation, and the class was about to retire, he stepped forward, and with a wink of inexpressible comicality informed them, that there would be more fun instantly. The young gentlemen took the hint, composed themselves for the second course, and another tumour, situated under the breast of a female, was served up, and removed by Mr. Wilmot, whose late elevation to the vacant Professorship entitles him to a full-length portrait in the pages of THE LANCET by

ERINENSIS.

THE LANCET.

London, Saturday, May 6, 1826.

After the Bill which we published in our last, had been "thrown out," the Associated Apothecaries, nothing daunted, presented another to the Legislature, which unhappily met with a fate similar to its predecessor. The chief features of the second Bill will be found in the following *amendments*:

"'7. The community shall nominate a treasurer and clerk, and such other officers as the community shall adjudge to be necessary, taking security, in whose name all suits are to be carried on and defended.

8. The community may examine and bind, by indentures, apprentices to any apothecary, surgeon-apothecary, or practitioner in midwifery, in the district of London, except such as are bound to the College of Surgeons or at Apothecaries' Hall, and shall examine all persons applying for certificates to practise as an apothecary, surgeon-apothecary, or midwife, and shall grant the said certificates.

[Such persons, however, who may, either now or hereafter, be duly admitted Members of the Royal College of Surgeons, or Society of Apothecaries, shall be equally entitled to practise as surgeons in the first case, and as apothecaries in the latter case, as those to be examined by virtue of this Act.]

11. Twenty-four medical districts shall be established, inclusive of the London district, with committees to superintend the same, each of which shall consist of one physician and ten apothecaries or surgeon-apothecaries, seven being practitioners in midwifery, all actually practising and resident in the district; and such district committees shall be elected by ballot by the members of the district committee, who may appeal to the superintending committee to remove any member of any district committee, and the superintending committee may upon sufficient grounds remove such member, but such vacancy to be filled by the district committee; and the superintending committee may alter any district, and make any rules and orders concerning the same. Three of the district committee to go out by rotation.

15. From and after the day of in the year it shall not be lawful for any person, except those actually in practice, to practise surgery, or as a surgeon-apothecary, unless he shall have a diploma from the Royal College of Surgeons.

16. From and after the day of in the year it shall not be lawful for any person, except those already in practice, to practise as apothecary, surgeon-apothecary, or practitioner in midwifery, unless he shall have been examined and have received a certificate of his being duly qualified from the superintending committee, which is authorized to examine, in English, on anatomy, the theory and practice of medicine, materia medica, chemistry, and pharmacy, and, if required, midwifery, and to grant a certificate of such examination.

[With the exceptions as specified in the note to clause 8.]

17. Every person intending to qualify himself to practise shall give notice to the clerk, and shall present himself at the meeting of the community to undergo such examination as aforesaid; and no person shall be examined unless he shall produce his indentures or testimonials of a regular medical education, or of proper attendance in some accredited school of medicine, and certificates of his having attended two courses at least of lectures in anatomy and dissection, chemistry, and the theory and practice of medicine and midwifery, and six months' attendance to the practice of a London hospital, or one year of a dispensary or provincial hospital.

18. Within three months after the passing of the Act, every apothecary, surgeon-apothecary, and practitioner in midwifery, who was in practice at the time of the passing of the said Act, shall transmit to the committee of the district an attested copy of his certificate, under a penalty of

21. No woman (except such as are actually practising) shall practise as a midwife, for gain or profit, without having been examined, and having obtained a certificate of ability from the district committee.

22. The sum of fifteen pounds shall be paid for a certificate by every person about to practise as an apothecary, surgeon-apothecary, or practitioner in midwifery, whether in all or one only of those professions. The sum of fifteen pounds shall be paid by every visiting assistant, the moiety thereof on examination, and the other moiety upon being settled in business; for the performance of which, security shall be given. And every female midwife, if in London, and if in the other districts, Journeymen, merely for compounding and dispensing medicines, shall not be required to pay more than a trifling fee for registering their certificates.

25. Every apprentice's indenture shall bear a stamp of twenty-five pounds. The same to be paid by such persons as shall not have served an apprenticeship, in addition to other charges, upon taking out their certificates for practising.

27. No person practising as full surgeon, or as an apothecary, or surgeon-apothecary, in the army or navy, shall be obliged to submit to an examination, excepting he has no certificate in midwifery, in which case to be examined as to his knowledge in that art. But he who has acted as an assistant only, in the public service, shall be subject to examination by the London community, and be required to take out his certificate of qualification before he be allowed to practise.

31. Every person acting under a diploma, or certificated apothecary, surgeon-apothecary, or practitioner in midwifery, entering into partnership or connexion with any dispensing chemist or compounder of drugs or medicines, or vender of patent medicines, shall forfeit pounds and the certificate enabling him to practise.

32. Every person acting under a diploma, or certificated apothecary, surgeon-apothecary, and practitioner in midwifery, and every visiting assistant entering into the service of any compounder or dispenser of medicines not qualified to practise after this Act is in force, shall, during such service, be disqualified to practise or prescribe as such, and shall not practise or prescribe under a penalty of pounds for every offence.

33. Every certificated apothecary, surgeon-apothecary, and practitioner in midwifery, may demand reasonable remuneration for his visits or journeys, and for inoculations, operations in midwifery, and all other operations done and performed by him, which charges are to be regulated from time to time by the superintending and district committees; and they shall have power to sue for and recover such charges.

Note. The committee of apothecaries entreat it may be distinctly understood, that the above are open to animadversion, correction, and amendment; and that they will be obliged by the observations of all parties interested in its provisions

Communications to be directed (postage free) to Mr. Ward, Secretary, No. 18, Hollies-street, Cavendish-square.

London, March 30, 1813.'

The following notice was sent to the members of the House of Commons:

'London, March 25, 1813.

The general committee of apothecaries, and surgeon apothecaries, think it requisite to inform the members of the House of Commons, previously to the second reading of their Bill, of the following circumstances:

1. That, in the event of the Bill passing into a committee, they mean to expunge from it every thing affecting the compounding chemist and druggist.

2. That the idea of erecting a medical school has been abandoned; and that, instead of interfering with the rights of the Royal College of Surgeons, they wish to make it imperative on every surgeon-apothecary to have a diploma from the College of Surgeons.

3. That the idea of uniting the different heads of the already constituted medical bodies with apothecaries and surgeon-apothecaries in the superintending body, may be abandoned.

4. That the views of the Bill will be altogether confined to rendering the apothecary and surgeon-apothecary competent practitioners, by examination, and obtaining for them a different mode of recompense for their visits and professional skill.'

The amended Bill was read a first a time, and then withdrawn, in consequence of the opposition made to it from all quarters.

A general meeting was held on April 15, when the following report was made, which explains the "objects, the hopes, and the disappointments of the Association."

Subsequently to the publication of this Report, the writer of the Introductory Essay thus proceeds with his narrative:—

"The Colleges and Apothecaries' Company were now memorialized with the hope of averting their continued opposition; but in vain.

In September the committee published 'The Report of the London Committee of associated Apothecaries and Surgeon-Apothecaries of England and Wales, with the Resolutions proposed as the Basis of a new Bill, intended to be introduced in the next Session of Parliament; to which is annexed an Appendix, containing the correspondence of the London Committee with the Executives of the Royal Colleges of Physicians and Surgeons, and of the Society of Apothecaries.'

This report occupies thirty-six pages, and is very interesting. At this period the names of more than one thousand gentlemen were enrolled as members of the association, comprising individuals residing in all parts of the country. 1956l. 14s. 10d. had been subscribed for carrying the Bill through Parliament; and indeed the measure had the active and almost enthusiastic support of nearly the whole body of general practitioners. The labours of the committee now became very great, in consequence of the exceedingly voluminous correspondence in which they were necessarily engaged.

On November 19, 1813, it was resolved to give up the proposal of a fourth medical body being formed for the purpose of examination*, and a conference with the three constituted bodies was proposed for the formation of a Bill on this basis. At this period, Mr. Rose appears to have actively joined the committee in gaining the desired Bill from Parliament.

On January 24, 1814, the College of Physicians agreed to join the Association in forming another Bill on the newly-proposed basis; one of the chief provisoes of which was, that the Society of Apothecaries should constitute the examining body.

Much correspondence ensued with the Society of Apothecaries; and it was ultimately agreed that the latter should introduce the new Bill into Parliament.

Much discussion took place on the new Bill as drawn up by the Society of Apothecaries and amended by the College of Physicians; and the committee strongly opposed a clause introduced by the College, which made it 'penal for any apothecary to refuse to compound, or to prepare unfaithfully, any prescription of a physician lawfully licensed to practise physic.' They memorialized the College, showing the vexatious and unjust tendency of the clause; at first without effect, although ultimately it was conceded that the clause should be worded according to an amended copy suggested by the committee. Even with this alteration it involved the unjust and vexatious principle of obliging the apothecary to sell

* It should be understood that no fourth legal body was contemplated until the present Colleges had refused to join in the application to Parliament for a Bill.

his medicines whether he will or not, and to do so, at all times, whether paid or not."

In consequence of the extended discussion of this and other clauses, the bringing in of the Bill was postponed until the next session, when, on the 10th of January, 1815, the Apothecaries' Act, which we published in the 108th Number of this Journal, passed the Legislature. After this period it would seem from the third clause of their "Rules and Regulations," that the intellectual labours of the "Associated Apothecaries" assumed a new aspect, not we think of the most pleasing or honourable description; they stated that their future objects would be "To endeavour to prevent ignorant and unqualified persons from practising medicine, *by watching over the operations of the Apothecaries' Act, and communicating to the Society of Apothecaries all cases in which it shall be discovered, that the regulations of that Act had been infringed.*" But from the following paragraph, which occurs at page 92, we perceive that the Association was dissatisfied with the Act:

"The great immediate object of the Association then is, to obtain from the Legislature the rescinding of certain incongruities in the Apothecaries Act."

And with a view to the accomplishment of which, it will now be clearly perceived were the late meetings held at the *Crown and Anchor Tavern*. Having now brought the history of these proceedings to a conclusion, we shall in our next enter on a discussion as to their propriety, and endeavour to exhibit to the medical public the essential difference that exists in the objects of those who have been instrumental in saddling the community with that Legislative humbug the Apothecaries Act, and those who are striving to procure a NEW COLLEGE CHARTER.

MEDICAL SOCIETY OF LONDON.

MAY 1st, 1826.

Debate on Transfusion.

After the minutes of the preceding meeting had been read, a discussion took place on intus-susception.

Mr. Field (the Registrar) then begged to call the attention of the Society, to another most important part of the minutes; he alluded to the case of *transfusion*, related by Mr. Doubleday. He (Mr. F.) hardly need observe, that the report of this case contained in THE LANCET was not furnished *by him!!* More was stated in that report than had been mentioned at the Society.

Mr. Doubleday, in reply, substantiated the truth of the report given in our last number. He then entered again into the relation of the case. In reply to a question, he said he had seen four cases of transfusion, and that it had failed in one only; and which he attributed to the great loss of time and bad supply of blood.

Dr. Davis begged to observe, he knew nothing of the operation practically; what he had heard of it, was from the published accounts of the cases, and the reports of the meetings of this society. He was happy to concur with those gentlemen who advocated transfusion, in the belief that it would be found an operation which might be resorted to with great advantage, in these truly alarming cases. He (Dr. D.) must confess, he was not satisfied with the arguments which had been urged against the operation. It had been said that the operation was an old one. It might be so. He did not care whether it was or was not an old operation. He saw no reason why an operation which had failed in the hands of practitioners a hundred years ago should not, in the present improved state of the medical profession, be found to succeed. Another argument, which had been brought against the operation, was, that if a woman survived six hours after the cessation of uterine hæmorrhage, she might then be considered as free from danger, (at least from this cause,) and, therefore, that in those cases in which the operation of transfusion had been performed, the chances were more than probable, that the women would have recovered if nothing had been done. Now he (Dr. D.) begged to say, that a woman was not out of danger even when several days had elapsed. Very lately he had been consulted in a case of uterine hæmorrhage which did not terminate fatally

till the fifth day after the cessation of the hæmorrhage. Every one must allow that the transfusing of blood was a remedy of great importance; and the first thing to be looked to, was, whether it is free from danger. If it was, why not employ it? What objection could be made against it? He felt pleasure in believing from all that he had read and heard on the subject that it had, already, been productive of great benefit, and if further trials should confirm the perfect safety of the practice, it was his (Dr. D.'s) opinion, that it should be resorted to in all desperate cases of uterine hæmorrhage, as a remedy of great power, which, as far as has been hitherto proved, tends greatly to the advantage of the patient; removing her at once from a state of extreme danger to one of comparative safety. And he looked forward with great hopes, that the operation would eventually be found to answer all the expectations which had been formed of it; at least, if not all, very nearly so.

Dr. Shearman then asked, from whence the hæmorrhage arose?—Mr. Doubleday answered, by saying it was from a partial separation of the placenta.

Dr. S. then stated an objection which had been made by him on a former evening, namely, how the introduction of venous blood into the right side of the heart, (already gorged with blood,) could influence the arterial system? "There is," said Dr. S., "no shutting one's eyes to facts, but I wish for a physiological explanation."

Mr. Doubleday said, whatever might be the objection urged against the operation, the facts of the cases were before the Society. He (Mr. D.) believed, that if the vital spark was very nearly extinct, and blood was transfused too quickly, that it would be immediately fatal. He was led to this belief from experiments made upon horses. In the last case of transfusion, which he had laid before the Society, this supposition had been acted upon, and the injection of five syringefuls of blood had occupied an hour.

Dr. Davis (in reply to Dr. Shearman) observed, that when the operation of transfusion was performed, the circulation was not at a stand-still, as Dr. S. had presumed. If it were, then undoubtedly the operation would be worse than useless.

Mr. Lloyd contended, that the operation was not free from danger. He quoted the opinions of the late Dr. Clarke, and the present Mr. Clarke, that no woman would die from uterine hæmorrhage, if she had survived six hours after its cessation. This was the case with hæmorrhages from other parts of the body.

Dr. Davis in reply stated, he knew a midwifery lecturer who for many years taught, that no woman would die from uterine hæmorrhage, if proper means were resorted to; yet this gentleman lost his wife from this cause. He (Dr. D.) would put his (Dr. D.'s) opinion in competition with any man's, and he begged to say, he thought the space of twenty days was not necessarily a safegnard from death after uterine hæmorrhage. The cases of uterine hæmorrhage which proved fatal, were not those in which the pulse was only 50 or 60; these cases, in general, did well, although the woman might appear to be in a very fainting state. It was in those cases in which the pulse was so very quick, so hurried, that danger was to be apprehended.

Mr. Scott has performed some experiments on this subject, which we will communicate in our next.

To the Editor of THE LANCET.

Haverden, April, 26, 1826.

SIR,—I presume to trouble you with the following case, in the hope that, from its singularity, you will not deem it unworthy of being noticed in your most useful and widely circulated journal. Being unacquainted with any similar circumstance in so young a subject, I flatter myself that it will not be thought an unnecessary intrusion on your columns.

I have the honour to remain, Sir,
Yours very respectfully,
FREDERIC L'OSTE PROBART,
Member of the Royal College of Surgeons and Licentiate of Apothecaries' Hall, London.

In April, 1825, William Fennah, a stout healthy boy, about four years of age, was brought to have my opinion on a tumour about the size of a nutmeg, situated on the tip of the tongue.

The mother informed me that she first perceived it about two months prior to this period, and that it had gradually, but rapidly increased. It presented a peculiar granulated appearance, very much resembling a mulberry half ripened, feeling hard, and was free from pain. I prescribed the application of argent. nitrat. gr. viij: aqua. destill. ʒj. ter die: and directed him to take hydr. c. creta gr. x: ommi noct. and pulv. rhei. gr. vj. sodæ gr. x. ter die. These he persisted in for three weeks, the disease being still on the advance, until at length it began to assume a very formidable aspect. In five weeks, from the period I first saw the

tumour, it had increased to the size of a hen's-egg, protruding nearly two inches beyond the lips, which were separated widely by it, preventing the little patient taking any thing but spoon meat, and that with difficulty.

Since there appeared no hope of any abatement of the disease, by perseverance in palliative means, I proposed the amputation of the part, to which the parents reluctantly acquiesced. For this purpose, to command the hæmorrhage, of which I was apprehensive from the enlarged vessels supplying the tumour, I had made two flat pieces of steel, about four inches in length, and half an inch in breadth, perforated at each end for the admission of screws. The child's head being firmly held, I now plunged a hook into the centre of the tumour, and thus drawing out the tongue as far as practicable, had it firmly held in that position, while I placed the steel plates above and beneath that organ, posterior to the diseased mass; then closing each end with screws, I effectually compressed the vessels, and with a sweep of my scalpel separated the part, leaving about one fourth of the tongue in a sound state. On slackening the screws, a profuse bleeding took place, from innumerable vessels, which I found every application short of the actual cautery totally inadequate to suppress. With this, however, I succeeded; and, I am happy to add, the boy was speedily restored to health, without any untoward circumstance: the wounded part being quite healed in the space of a fortnight, articulation being gradually restored; and up to the present time, the little fellow is in the enjoyment of perfect health.

GLASGOW RESURRECTION-MEN.

To the Editor of THE LANCET.

SIR,—In No. 138 of THE LANCET, is inserted a letter from Edinburgh, under the signature "A Constant Reader," in which are found these words: "Subjects are more expensive in Edinburgh than in Glasgow;" the reason assigned for this and which it may be remarked is given at second hand, is, "that it is customary among the students there (in Glasgow) to go out with the men employed in procuring them." To this sweeping averment not a few who have been in Glasgow can give an unqualified denial. I dissected in the University of Glasgow the two winter courses preceding the one now near its termination; during which time, subjects were given to all students applying for them, at four guineas each. Students paying the above sum are not required to *go out*, or to assist in any way in the procuring of subjects.

That there are students in Glasgow who do go out with the resurrection-men I have no wish to deny, but mark the consequence of their so doing. The anatomical lectures are given to them *gratis*. They have also their dissecting free of charge, as a recompense for their aid in contributing to the supply of subjects given to those who pay for them.

The stigma so generally attached to those men, who derive their living by supplying dissectors, makes them careful of concealment, and thus in Glasgow it becomes no easy matter for junior students to point them out. It is not, Mr. Editor, the majority of our northern dissecting students who, regarding an intercourse with resurrection-men, (were it unavoidable, which it is not,) will be found to join in the exclamation of A Constant Reader, "Is there a father who would not with pleasure pay a *few guineas* additional, to preserve his son from such an exposure?"

A well-stored purse gives sometimes a peculiar buoyancy to the mind.

A Constant Reader soars in a region far beyond my ken, he will not descend to that "contaminating region, dangerous to life, detrimental to morals," to gather a few plain facts which could prove only an encumbrance in his airy flight.

In Glasgow, the going out of students with resurrection-men is attended with an advantage to the latter class, deserving notice. Between them and lecturers the necessary connexion is more closely drawn, and, hence, in more than one instance, a professor has been known to step forward, and exert his influence, not in vain, to rescue from durance vile the violaters of a law the observance of which, when rigidly exacted, is as impolitic as it is injurious to science and to human life.

Permit me, Mr. Editor, to express my hearty approval of the very able comment given by one of your correspondents on the fearfully severe sentence lately passed on a resurrection-man, by Mr. Justice Burrough. This comment appearing on the same page, and evincing a very different spirit from the Edinburgh letter which immediately precedes it, is figurative (as affecting resurrectionmen) of the baneful potion quickly followed by its antidote.

Of this brief defence of resurrectionmen, make what use you please, and I, your constant reader, feeling no reluctance to affix my designation,

I remain, Mr. Editor,
A WOULD-BE RESURRECTIONIST.

HOSPITAL REPORTS.

GUY'S HOSPITAL.

Curious case of Tumour on the Face.

Ann Arnold, ætat. 65, a widow, of spare habit, came into the Hospital on 5th of April, under the care of Mr. Key. On the right cheek is a bag or pouch of about the size of a hen's egg, extending from the zygoma in an oblique direction to the base of the jaw. It has the appearance of a large bulla or bleb, of a bluish colour, semitransparent, and containing fluid. It is accompanied with excruciating pain, of a darting lancinating kind, and it is exquisitely tender to the touch. She describes this tumour as having first made its appearance about four months since, in the form of a small vesicle, which has gone on gradually increasing. A surgeon in the country punctured it, and introduced some lint into the opening, which occasioned so much irritation, that it was quickly withdrawn.

Mr. Callaway saw the patient shortly before her admission into the Hospital, and having made a small opening into the bag, a transparent yellowish fluid escaped. He collected a portion of this fluid in a watch-glass, and setting it aside, he found that it completely coagulated in the space of twenty minutes. The circumstance of spontaneous coagulation, its insolubility in cold water, and general appearance, led to the belief of this fluid being pure *fibrine*. We believe a portion has been forwarded by Sir A. Cooper to that able chemist, Dr. Prout, for analysis.

The cyst or bag appears to be formed of the cuticle much thickened. If the fluid be evacuated, it is quickly reproduced, and therefore comes the important question, from whence is this secretion produced? Sir Astley Cooper thinks from the rete mucosum. It seems, however the general opinion of the surgeons, that it is "a malignant disease," which means any thing (in the acceptation of hospital surgeons) that cannot be cured.

In order to destroy the secreting surface, Sir A. Cooper recommended the cyst to be laid open, and nitric-acid to be applied to the exposed surface. This was done about a fortnight since, by Mr. Key, and as may well be supposed, was a most painful process.

On cutting through the bag, a highly vascular kind of cellular structure was observed, which was very sensible when touched with the probe.

A portion of the masseter muscle was laid bare, during the application of the caustic. The disease has not been at all relieved by the application; the secretion at the date of this report (April 23,) continues to be poured out, but is somewhat altered in character. The greater portion of the cyst, however, remains; it is only destroyed at the upper part, and it is difficult to say, when the fluid trickles down, whether it is poured out from the exposed part, from the cyst alone, or conjointly from the two. The fluid now does not entirely coagulate, about one half of it remains in a fluid state, and is of a milky-colour. The discharge from the part is always greatly increased during the act of mastication, from which circumstance, Mr. Morgan supposes the parotid duct pours its contents on the diseased part. There is, however, no distinct evidence of this.

There are one or two other facts connected with the history of this case, of which it may be right to speak. The patient says that about two years since, a tumour was removed from the right side of the head, a scar is indeed now evident on the temple. From her description it does not appear that the tumour was of a similar nature to her present disease. On the upper part of the parietal bone, there is now a circumscribed swelling of about the size of a walnut, it is not attended with pain. Behind the ear, over the right mastoid process, the integuments are of a dark red colour, and there is a small spot which has a puffy-feel, retaining for some time the impression of the finger.

The patient remains in Lydia's Ward, and we will notice the termination of the case.

Fungoid disease of the Spermatic Chord occurring after the operation of Castration.

On Tuesday, (April 18,) Mr. Morgan operated for the removal of a fungoid tumour from the scrotum, and inguinal canal. The circumstances of the case are as follows:—the right testicle was removed in October last, on account of fungoid disease; (the chord was then free from disease,) about two months after this the patient perceived a swelling in the right side of the scrotum, which went on gradually increasing. About three weeks since, a surgeon thrust his lancet into the upper part of the swelling, when a quantity of fungoid matter issued out.

The operation consisted in forming two elliptical incisions, commencing from a point high up in the inguinal canal, in-

cluding within them a large portion of the scrotum, and terminating at the bottom thereof. In this manner the tumour was dissected out. It was handed round for the inspection of the pupils, when the peculiar matter of fungus hæmatodes was well observed.

Lotion for Erysipelas.

We beg to offer to our readers the following *scientific* and *elegant* formula. We are much surprized that it does not grace the pages of the "plurimum aucta et emendata" edition of the hospital pharmacopœia.

Carbonate of ammonia, 1 *drachm!*
Goulard's extract, 1 *drachm!!*
Water, 1 *pint*: Mix!!!

Hospital Treatment of Burns.

Every one has heard of "blowing hot" and "blowing cold" in the same breath: take the following as an example.

R. F., a female child, brought to the hospital about noon, being severely burnt, in consequence of her clothes catching fire. The parts principally affected were the back, neck, and arms. The pulse at the wrist could scarcely be felt, the surface of the body was very cold, especially on the extremities. Let her take small doses of ammonia, with a little wine—frequently; (*Blowing hot.*)

Apply equal parts of linseed oil, and lime-water, *cold*, over the extensive burnt surface; (*Blowing cold.*

It was a long period before reaction took place, the heat of the body was very slowly developed, and was as quickly suppressed by the extensive application of the cold. The patient eventually recovered.

It is our intention in future to present a short notice of *all* the surgical cases weekly admitted into the Borough Hospitals, so that, in addition to the customary lengthened reports of the most important cases, we shall make some general remarks on those of which we may not deem it necessary to give extended reports. Such a plan will not be without benefit, for there are many *common* cases (as they are termed) which afford excellent illustrations of particular modes of treatment.

The cases admitted under the care of Mr. Bransby Cooper, on Wednesday, 19th of April, were as follow:—Porrigo; sloughy ulcer on the dorsum of the foot; stricture of the urethra, with enlargement of the prostate gland; malignant tumour on the cheek; extensive scrofulous abscess of the neck; ulcer of the leg; carcinoma mammæ; and a case of large steatomous tumour on the neck.

In the case of *porrigo*, occurring in a boy, the head has been shaved, and an ointment applied, consisting of equal parts of sulphur ointment and white precipitate ointment, with the exhibition of alterative medicine.

The case of *sloughy ulcer on the foot*, occurred in a man upwards of 70 years of age. It appeared from his account, that the foot became inflamed spontaneously, that is, without any external injury having been inflicted, that he had rigors and much constitutional disturbance, and that in the course of a few days a large dark slough formed on the foot. When admitted into the hospital, a portion of the slough had separated, leaving an ulcer of the size of a crown piece, without any apparent disposition to increase, but with a foul unhealthy surface. The dilute nitric acid lotion has been applied to the part, by means of lint, and over this, linseed meal poultices. In the mean time, the constitution has been supported by a generous diet, porter, and the exhibition of quinine. Under this plan of treatment, the sore has assumed a favourable aspect, and is now healing fast.

We pass over the other cases, as really presenting nothing worthy of notice, and proceed to the case of

Cancer of the Mamma.

The subject of this disease is a married woman, of about 50 years of age, of spare habit, but not unhealthy in appearance. She has borne several children, some of whom she suckled; she ceased to menstruate four years ago. The disease occupies the right side, and upper part of the gland, just at the edge of the pectoral muscle; it presents all the characteristics of a cancerous sore, and has been in a state of ulceration about three months. The disease made its appearance in the form of a small hard tumour, four years since. The nipple is not retracted; the glands in the axilla are enlarged. At a short distance from the ulcer, there are two small tubercles to be felt in the skin, they are of a red colour, and apparently fast hastening into a state of ulceration. It seems that the disease is here attacking the cutaneous glandular texture, a mode of propagation which is not unfrequently observed in cancer of the mamma, although

the disease may originate in the substance of the gland.

Mr. Cooper has not yet determined on any particular plan of treatment in this case, nor upon performing an operation for the removal of the diseased part.

Steatomatous Tumour.

R. F., æt. 42, a healthy looking man, was admitted on account of a large tumour on the back of the neck. It extended from the edge of the trapezius on the right side, to the anterior edge of the left sterno cleido mastoideus, bellying towards the left side, and resting on the shoulder. It was of an oblong form, its greatest length being across the neck; it measured in this direction sixteen inches, and was eight inches in diameter. It was of ten years formation, and was not productive of any pain, the patient sought relief, on account of its inconvenience. An operation was performed for its removal on Tuesday, April 25, of which an account will be found below.

Operations.

On Tuesday, April 25, Mr. Key performed the operation of lithotomy on a little boy about four years of age. Mr. Key operated in his usual manner, with the straight staff and knife. The external incision was well made, but we have seen Mr. Key more expert in fitting the knife to the groove of the staff. The operation, however, by no means detracts from Mr. Key's excellence as a lithotomist, for it was completed in about 80 seconds. The calculus was small, and no difficulty occurred in the extraction. The patient is doing well.

Mr. Key also amputated the fore-arm of a young woman, in consequence of long-standing disease of the wrist joint.

Mr. Morgan operated for the removal of a carcinomatous tumour from the female breast. The patient is a woman 50 years of age, the disease of four years standing and fast approaching to a state of ulceration; the glands in the axilla have been enlarged for several months. She has not borne any children, and has ceased to menstruate six years.* The operation was performed by making two longitudinal elliptical incisions, which meeting at their extremities included the diseased portion, and this was removed by a subsequent process. The arteries were secured and the wound dressed in the usual manner.

It occurred to us that in the performance of this operation, Mr. Morgan made his incision through the integuments too near the seat of disease. The patient refused to have the enlarged gland in the axilla removed.

On the same day Mr. B. Cooper removed the tumour of which we have given a description above. He first made an elliptical incision through the integuments covering the tumour, in its shortest diameter, and then a similar incision at about a hand's breadth from the former, thus including a considerable portion of integuments. He now proceeded to dissect out the tumour on each side; this was a task of considerable difficulty, for although in general these tumours are loosely attached, yet in this case Mr. Cooper found there were numerous radicles or fibres connecting the tumour with the integuments above, and with the fascia beneath. A small portion of the trapezius muscle was bared. Several vessels were secured, and the integuments brought together by means of sutures and adhesive plaster.

On the day following the operation, (26th,) we found that the patient had passed a restless night, his pulse was quick and tongue furred, the bowels confined.

On the 27th he was better, the bowels had been freely opened with saline purgatives; but still there was considerable quickness of pulse, with furred tongue. Mr. Cooper said that he was apprehensive of an attack of erysipelas. The following medicines were prescribed after our report of yesterday:

Solution of acetate of ammonia, three drachms,
Antimonial wine, six drops!
Sulphate of magnesia, one and a half drachm,
Water, one ounce;
to be taken every three hours.

Calomel, one and a half grain,
Extract of opium, half a grain;
to be taken night and morning.

29. The wound has been dressed both yesterday and to-day. Strips of adhesive plaster are laid lightly over the part, and over these a poultice is put. The patient's mind is much depressed by forebodings of a fatal issue.

May 1. Restless and uneasy; pulse quick and feeble; tongue furred, and countenance unfavourable. Died on the

* Cancer of the breast undoubtedly occurs more frequently at that period of life when the uterine functions cease. Sir A. Cooper says that those women who have not borne children are more subject to this disease, and hence he infers that the change which the gland undergoes in the secretion of milk, renders it less susceptible of cancerous disease. There are not wanting, however, numerous exceptions to both of these rules.

following morning without much aggravation of these symptoms.

We omitted to remark that the tumour was found to be nearly four pounds in weight.

Operation on the Scrotum, which proved fatal.

On Saturday, April 22d, Mr. Morgan operated for the removal of a considerable portion of the integuments of the scrotum, affected with a peculiar warty disease, supposed to be of a malignant nature.

The patient was a man about 50 years of age, in good health, and had been in the Hospital several weeks, on account of the disease of the scrotum. The operation consisted in simply cutting out the diseased portion; the tunica vaginalis was laid bare, but not opened. It was necessary to secure several vessels, which, being done, the integuments were brought together by means of sutures. After the patient was put to bed, profuse bleeding came on from the wound, and it became requisite to lay it open for the purpose of securing the bleeding vessels. In the evening of the same day, the hæmorrhage recurred, and other vessels were tied.

On the second day after the operation, we found the patient complaining of great pain in the abdomen, in the course of the spermatic cord; the belly was also tender upon pressure. He had a quick small pulse, and occasional vomitings of a green fluid. These symptoms came on in a less degree about twenty hours after the operation, and had gradually increased. Leeches were applied to the abdomen, with fomentations, and purgative medicine exhibited.

The sickness had increased on the third day to a most distressing degree, and the other symptoms were unrelieved. He continued in this state until the evening of the fourth day, when he began to sink, and he expired early on the following morning.

ST. THOMAS'S HOSPITAL.

Case of Compound Fracture of the Tibia.

John Wallace, a spare young man, was admitted into the Hospital on 16th of March, having received severe injury to the right leg. He was placed in Isaac's Ward, under the care of Mr. Green.

On examination, there was found to be an oblique wound over the fore part of the skin, about one third down the leg, and from this wound a portion of the tibia protruded. It was an oblique fracture; there was not much displacement, but the protruded portion of bone was denuded of its periosteum. The fibula was not broken. The accident occurred from a heavy block forcibly striking against the leg. There was very little difficulty in reducing the fracture; the wound was dressed in the usual manner, and the limb placed on Amesbury's splint.

For the space of a week the patient was free from any unfavourable symptom; when we visited him on the 25th of March, (being the ninth day from the accident,) we found him labouring under much constitutional irritation: pulse 110, and irritable; skin hot and dry; the tongue covered with white fur; the bowels constipated, and the patient very restless. The wound was dressed to-day; it discharges a grumous pus. The knee is much swollen and very painful. Cold lotion is applied to it. The limb is so placed in Amesbury's splints, that the knee is slightly bent, whilst the leg is very much elevated by means of pillows.

Mr. Green ordered a saline effervescing draught, with the addition of 10 minims of tincture of henbane, to be taken every four hours, and the patient to be put on fever diet.

March 28. Pulse 126; he passes very restless nights; the stomach rejects food and medicine; the tongue has a yellowish fur in the centre; it is red at the tip and edges; the bowels are open. The discharge from the wound continues of the same character; poultices are now applied. There is less tumefaction about the knee. The following draught to be taken every six hours:

Castor, 10 *grains*;
Laudanum, 5 *minims*;
Camphor julep, 1½ *ounce*.

30. Pulse less rapid, and stomach less irritable. The tongue is furred and moist; the face flushed, skin hot, bowels open; the wound discharges an unhealthy kind of pus.

April 2. The high excitement has subsided, but there is still a good deal of febrile irritation kept up; the pulse 110, and face flushed. The wound discharges a thin unhealthy pus, somewhat offensive; the exposed bone has a yellowish appearance, and the rough edge of the fracture can be distinctly felt.

5. Constitutional symptoms much the same. From the position of the limb, the discharge is retained in the wound, and hence, on looking at the part, we constantly find a little pool of matter. There is a discolouration of the integuments over the upper part of the tibia, arising from the pressure of one of the straps.

8. The hectic symptoms (for so they may be termed) continue. The wound discharging a thin pus; there is no disposition in the parts to heal; the poultices are continued.

12. Pulse 110, face flushed, countenance emaciated; complains much of his back, where a slough has formed from pressure.

14. On visiting the patient this morning, we find him with a very quick pulse and anxious countenance. In the night he vomited a considerable quantity of bloody fluid. The junior apothecary was called to him, who prescribed some infusion of roses*. Mr. Green saw him to-day, and ordered twenty leeches to be applied to the pit of the stomach.† It is important to observe that the bowels were acted upon during last night, but the motion was not bloody.

16. The patient is evidently sinking; the pulse is feeble, but quick; there has been no further vomiting.

The poor fellow died on Monday morning, April 17, being about one month from the time of receiving the injury.

When the limb was examined, a very extensive collection of matter was found to have taken place at the back part of the leg, also in the ham, and extending some way up the thigh. It was not a distinct or separate collection of matter, but readily flowed out, when the thigh was raised, from the wound on the skin. Hence it appears to have arisen from the gravitation of the matter down the thigh, in consequence of the position of the limb, the leg and thigh being very much elevated. The matter which was secreted at the seat of fracture being exposed to air, we suppose became putrid, and hence led to the appearance of the parts about which this matter was situated; the fascia was black and offensive, and the texture of some of the muscles destroyed. There was some chronic disease in the knee joint.

We think that the treatment of this case does not reflect much credit on Mr. Joseph Henry Green. That such an extensive collection of matter should have taken place, and be passed over unnoticed by the attending surgeon, is at least a proof of neglect. Mr. Green is so strictly logical, so well understands and so well illustrates the "nature of causation," that we may tell him, the burrowing of putrid matter was the *productive cause* of the long continued febrile excitement, and the "*ultimate effect*" of this excitement was the death of the patient. If, then, the "productive cause" had been removed by a proper attention to the position of the limb, or by a counter opening, the "ultimate effect" would not have been produced.

* This is the Whitfieldian panacea for all kinds of hæmorrhage. Oh! there is a good deal done "sub rosa" in the apothecary's department of this hospital.

† *Query*—Upon what principle?—Ed.

Compound fracture of the Tibia and Fibula.

J. Mackenzie, æt. 40, a stout man, was brought into the Hospital on the 18th of March, on account of compound fracture of the right leg. He was placed in William's Ward, under the care of Mr. Green.

About three inches above the ancle, on the inner side of the leg was a wound through which a portion of the tibia (to the extent of an inch) protruded. The fibula was also found to be broken. This man is a labourer at one of the wharfs, and the accident occurred from a bale of cotton (weighing about 2 cwt.) falling on the outer side of his leg. When admitted into the hospital, which was soon after the accident, he was in great pain, and his countenance was very anxious. The dresser attempted the reduction of the fracture by means of extension, for a considerable time, but could not succeed; the protruded bone was firmly embraced by the surrounding integuments. Mr. Green arriving at the Hospital soon after, enlarged the wound and then attempted reduction; finding he could not succeed, he proceeded to remove the bone by means of a metacarpal saw, a spatula being, at the same time, placed under the bone. The limb was placed on Amesbury's splint, but there was some difficulty experienced in placing the ends of the bone in a straight line. The wound was dressed in the usual manner.

19. We find that he has passed a good night; there is little heat or swelling about the limb; he complains only of pain in the knee and heel.

21. Going on well; the limb is free from swelling or pain; the pulse very little accelerated; the tongue moist, and the bowels open by means of the house medicine.

23. He was restless in the night from pain in the wound. Pulse 80; tongue moist, bowels not open. There is no inflammation, and very little tumefaction about the leg.

26. In every respect doing well. The

dressings have been removed from the wound, and poultices are now applied; the matter which is discharged is thin and rather offensive.

30. The discharge from the wound is of a more healthy character, in other respects also he is going on well.

April 5. The wound now filled with granulations; poultices omitted and simple dressing applied.

From the date of our last report up to the present time (April 23d) the patient has continued gradually improving, and the wound is now nearly healed. The union of the bones is very favourable,—quite free from any deformity.

Disease of the Palate.

J. Hall, ætat. 78, of sallow complexion, and somewhat unhealthy aspect, was admitted, on account of disease affecting the roof of the mouth. On looking into the mouth, we find all the teeth gone from the upper jaw, and the gums, together with the roof of the mouth, presenting to the view a congeries of hard, thick, and irregular granulations. The disease appears to extend as far back as the edge of the bony palate, and in the bone a small opening is very apparent. There is an obvious deformity in the upper part of the patient's face; the nose has a flattened appearance, whilst the bones of the face under the eyes appear to be pushed up. On examining the left nostril, we find a warty growth completely obstructing it. There is an interruption to the flow of tears on this side, so that instead of passing down the nasal duct, they flow over the cheek, constituting the disease called epiphora*. There is a bloody discharge from the nostril if any exertion be used, such as blowing down the nose violently, and if the parts affected in the mouth be roughly handled, they also bleed.

There is no fœtid discharge from the parts, no glandular affection, nor is the disease attended with pain. The general health of the patient is good.

He gives the following account of this affection:—About twelvemonths ago, he found a stoppage in the left nostril, which he attributed to a cold. In the course of a month or two, he found that the roof of the mouth became sore, and the obstruction in the nostril not being relieved, he sought the advice of the late Sir D. Dundas, with whom he formerly lived as servant. Sir D. prescribed some pills, which he took for some time, when he found one of the dentes cuspidati loose, and pulled it out. Since then, all the teeth have gradually loosened and fallen out.

Such is the imperfect account which the patient gives of the origin of this anomalous kind of disease. There is something in the general appearance of it, taken in conjunction with the patient's aspect of countenance, which would lead us to suppose the disease to be of a malignant nature. But the absence of pain, of fœtid discharge, and of glandular disease, are negative proofs, which lead to an opposite opinion.

Mr. Tyrrell has directed two drachms of carbonate of iron, to be taken three times a day, and the nitric acid gargle to be used.

* This probably arises from the obstruction in the nostril, which, closing the inferior opening of the duct, occasions the tears, as it were, to regurgitate.

Efficacy of the Sulphate of Quinine in Ague.

One of the most valuable medicines which modern chemistry has given to us, is the sulphate of quinine. Three cases of intermittent fever were admitted under the care of Dr. Elliotson, on the 13th of April, all of which have been speedily cured by the exhibition of the quinine. Two cases were of a quotidian, and one of a tertian type. In the former cases five grains of the sulphate of quinine were taken three times a day, whilst in the latter (the case of tertian) a similar quantity was given every four hours.

Chronic affection of the Elbow joint.

The patient is a young man of unhealthy appearance, and has laboured under the present complaint about six months. The left arm is fixed in the semiflexed position, being incapable of further flexion or extension. There is some swelling and tenderness about the joint, the tendon of the biceps feels very rigid, and any attempt at motion occasions much pain. He fell down and hurt the elbow a short time before the stiffness came on, but says that he has had several contractions of the limb from which he soon recovered. Mr. Tyrrell considers the seat of the disease to be in the ligaments. He has directed the application of blisters, and then the use of splints, so as gradually to extend the limb.

ST. BARTHOLOMEW'S HOSPITAL.

Morbid Anatomy.—Aneurism of the arch of the Aorta.

Mr. Stanley, a short time since, presented to the pupils some morbid parts, for their inspection, with one of which, the following rather interesting account is connected.

A man, aged 40, and in the enjoyment of moderately good health, while walking along Ludgate Hill, was seized with paralysis of the lower half of his body, accompanied also with a peculiar tingling sensation in the upper limbs. Connected with those symptoms *no pulsation could be distinguished in the left wrist*. His cerebral functions did not appear to be impaired up to the time of his death, which happened on the Monday;—the attack coming on the preceding Thursday. Medical aid was procured for him, but it was unavailing, and in this condition he lingered until the time of his decease.

The brain and spinal chord were carefully examined, but nothing was discovered that would, in the least, appear to throw any light as to the cause of the symptoms manifested before death.

From the circumstance of the radial pulse not being felt, the brachial artery was examined in its whole course, but no obstruction could be found. On arriving, however, at the arch of the aorta, an aneurism was discovered, situated between the semilunar valves and the arteria innominata.

It appeared to be what is called a false aneurism; the internal coat of the artery having given way; and the walls of the sac being made up principally by a condensation of the contignous cellular membrane. The sac was of large size, but had not burst at the time of death; neither is the immediate cause of death exactly clear. It may be observed, that the passage through the arch of the aorta was not in the least obstructed.

Case of Retention of Urine, arising from Stricture in the Urethra and diseased Prostate. — Operation. — Post-mortem examination.

John Ault, a shoemaker, of spare habit, 49 years of age, was brought to the Hospital last night (April 10) at 12 o'clock, suffering the most excruciating agony from retention of urine. It being Mr. Lawrence's accident week, this gentleman was immediately sent for; he arrived a few minutes before one, a. m. The scrotum was now greatly distended; the integuments in the perinæum were much swollen, and a hard circumscribed tumour, occasioning pain to the patient when pressed by the hand, was felt above the pubis.

On inquiry we learnt, that for the last fourteen years he has been troubled with a permanent stricture in his urethra; that twice during this time he has had retention of urine, but has eventually been relieved by the introduction of the catheter. It appears that he has not voided any urine since Sunday morning, ten o'clock, consequently thirty-nine hours have elapsed since his bladder was relieved. Mr. Lawrence, for a considerable time, attempted to pass a catheter, but without success; the instrument passed down to a very firm stricture, situated in the membranous portion of the urethra, and there stopped. On instituting an examination *per rectum*, no preternatural distention of the bladder could be felt, but the prostate was discovered to be enlarged. As the symptoms were so very urgent, Mr. Lawrence considered that any further delay would be prejudicial, and therefore proceeded immediately to perform the operation for his relief, having previously freely scarified the scrotum and let out nearly 20 ounces of light-coloured fluid.

The patient being placed in the same position as for lithotomy, an oblique incision was made in the perinæum, about an inch in extent on the right side of the raphé, similar to that which is made in the stone operation. The knife was now introduced for the purpose of dividing the urethra at the seat of the stricture, and then of carrying it upwards until it had cleared the stricture. Three times the instrument was thrust up, but apparently unsuccessfully; the discharge which took place was so trifling that it was difficult to say whether any urine was mixed with the blood, but the general impression on the mind of those present was, that the knife had slipped and had not effected the intended object. Nothing further, however, was done in the way of operating; a purgative enema was ordered to be administered immediately, with a dose of calomel and jalap.

Shortly after Mr. Lawrence left, the patient said he felt easier, perhaps this arose from the water in the scrotum being evacuated.

On visiting him again at noon, we learnt from the sister of the ward that the injection returned without producing

its desired effect, and that the bowels had as yet only slightly acted, although the before-mentioned medicines had been followed up with two doses of castor oil and four enemas. Mr. Lawrence again attempted to pass a catheter, but ineffectually. The circumscribed tumour was still to be felt above the pubes, and this, when tapped with the finger, readily imparted the sensation of fluctuation. The poor fellow did not express himself as being in any particular pain at this time.

As the morning advanced, a dribbling of urine, or as it is termed by the French surgeons, "*urine par regorgement*," occasionally took place from the urethra; perhaps about two ounces has been voided up to the present time. In appearance it resembles thick coffee, and it has a very offensive smell. Considerable excitement now pervades his whole system; the pulse beating 112 in a minute; the tongue is loaded with a dark coloured fur, and the countenance is anxious and dejected. It was considered that nothing further could be done than the continuation of the present palliative plan, and in this state the man was left.

12. Towards the latter part of yesterday the bowels acted freely, and a slight flow of urine occasionally took place, but as night advanced, insensibility, and the low muttering delirium of incipient gangrene came on, and in this condition we find him to-day. All hope was now at an end; it was evident the mischief had been done, and consequently, that any further measures would be useless. After lingering on in this wretched state through the remainder of the day and the following night, he expired early the next morning.

Inspectio Cadaveris.

A considerable degree of interest appeared to be shown at this examination, as it was anxiously expected by *certain individuals* tainted with the "green-eyed monster," that they should have *a rich treat*. Mr. Stanley, having Mr. Earle on his right, conducted the examination. On making an incision through the pubic portion of the abdominal parietes, a gush of dark-coloured, and very offensive fluid took place. The cause of this being sought for, an adventitious sac or pouch was discovered, between the bladder and contiguous portions of the recti muscles; apparently formed by the condensation of the surrounding cellular membrane. A small round hole, situated on the anterior portion of the fundus of the bladder, led from that viscus into this pouch or sac, into which the principal part of the urine had become extravasated, for only a small quantity was found contained within the bladder, and that more like blood than urine. The parts were now removed from the body in order that they might be the better examined. By means of a probe a small slit-like opening was discovered in the bladder, situated close by the side of the commencement of the meatus urinarius, and this, from the appearance which it presented, namely, having no dark gangrenous margin, and the edges not jagged or rough, but smooth and even, was considered to have been made by the knife at the time of the operation. The reason assigned for the urine not flowing at that time, was, that the greater portion of it was lodged in the pouch before mentioned. The remainder of the bladder and the adjacent bowels were red and inflamed, while the single point, which led from this viscus to the sac, had a dark gangrenous appearance.

The prostate gland was enlarged, and was found to contain several calculi. On slitting up the urethra a firm stricture was discovered, commencing at the posterior part of the bulb and extending a short distance along the membranous portion of the canal. Anterior to the stricture the internal coat of the urethra was lacerated to an extent of about half an inch.

Removal of an enlarged Bursa.

An enlarged bursa, situated just beneath the patella, was removed by Mr. Lawrence on Saturday last (April 29.) Previous to its removal, it presented the appearance of a small tumour, and had a soft pulpy feel. The woman was about the middle age of life. This enlargement has been coming on for some time past. She has been in the habit of resting frequently on her knees in scrubbing, and other domestic avocations.

An elliptical incision was made on either side of the tumour, to the extent of about five inches, the extreme diameter of the ellipsis being about two inches. The skin was then dissected back, and the bursa readily taken out. While removing it, Mr. Lawrence happened to cut into it, when about half an ounce of a straw-coloured fluid escaped. On examining the substance of the bursa, it was found to be of a pulpy consistence, and considerably indurated, the internal surface presenting a villous appearance. The two edges of the wound were brought together and confined by adhesive straps.